

THE ONTOLOGY OF THE PERSON:
THE BASIS FOR COMMITIVE AND CREATIVE MORAL AGENCY
IN NURSING PRACTICE

by

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ABSTRACT

Nursing, medicine and health care systems are confronted with complex and interrelated challenges of information and biotechnologies, socio-economic and moral ethical issues. The international nursing community has responded to these changes with new modalities of practice and provided for preparation in moral ethical decision making. Execution of decisions, and more importantly, actuation of moral agency in committive and creative ways, has not received due emphasis. The challenges confronting the nurse as moral agent and how best to prepare nurses for committive and creative moral practice raise many ethical questions:

1. In what ways does knowledge of the nature of the person facilitate the reflective nurse as moral agent to actualise that agency in practice situations?
2. What internal qualities maintain to inform and move or inhibit the moral agent in actuation of practice choices and creative responses to practice challenges?
3. What is the structure of a process-oriented framework of knowledge, concepts and skills needed for educational preparation for actuation of moral agency?

The purpose of this thesis was to explore concepts involved in a system of meaning called moral agency in nursing practice and to identify the meaning of, and means for, the committive and creative actuation of moral ethical agency. The interrelated components of the ontology of person and moral agency were addressed as indicating aspects of a conceptual framework that focuses on actuation of the appropriately reasoned moral decision, the nature of committive moral agency and facilitators and constraints to ethical actions. Based on analysis and insights from experience and the literature, the framework was seen as including concepts of person and self-identity, virtue and ethics of virtue in relation to practice, the actuation of moral agency and the nature of creative moral agency.

From the analysis of the ontology of person, the reflective nurse as moral agent actualises agency by knowing oneself as being based in the dimensions of person, self and I. Particularly the I, as manifest in autonomy, accountability and responsibility, is significant to actualisation of agency. The development of self identity by strong evaluations, articulating a clear moral ideal and principles of practice, embodying virtues in a form of life, a way of life and style of life which sustain and imbue practice are all pertinent to actualisation of agency.

Internal qualities influencing the moral agent to empowered choice and action include the shared values and virtues as habits of being and character. The virtues inherent in being wholly engaged in practice and in animating and energising the effects of the spirit as affecting a person's activity and agency indicate the importance of the spiritual

dimension in nursing. In the analysis, guilt and shame are described as inhibitors to agency; the dimensions of hope are revealed as facilitators of agency by linking hope's effects in the spirit and shared life.

In the study the need is indicated for critical analysis of the presuppositions of nursing philosophy and curricula, and clearer articulation and provision for the implications for pluralistic and naturalistic emphases. An intersubjective relational ontology of person provides the basis for sound hope and offers a framework for the development of the integrally spiritual being. The reflective nurse as moral agent with the internal qualities which empower committive agency can confront practice needs with principled and creative moral agency to provide paradigmatic responses to care.

The components of the framework developed from the analysis include:

Delineation or discrimination of the dimensions of person and personal identity

Articulation of the moral ideal of nursing and principles of practice

Role and models of virtues acquisition and habituation

Discernment of the individual and corporate values in relation to goals and means

Identification and understanding of exemplars

Portfolios and case studies of exemplary practice

Use of a model that relates essential shared values of nursing to attitudes, personal qualities and examples of behaviours is recommended. The attitudes and qualities are attributes of character addressed as virtues which empower the person to enact values in practice. The confluent theory of values and phases of development for goals and means values are suggested for the discernment of personal and organisational transformation.

The significance, and desired outcome of the study, is to initiate professional dialogue which would focus on the development of agency for actuation of moral decisions and ethical actions, encouraging and calling forth the fullest articulation and epitomisations of strong evaluations and choices in areas of yet-to-be-defined nursing practice. The profession is challenged to address the expression of care as an experiment in paradigmity.

DECLARATION

I DECLARE that this thesis is my own work.
No part of it has been submitted for any
other degree or professional qualification.

Rita F. Braun

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I dedicate this work to the glory of God and the memory of our parents, William Roman and Florence Wolshock Braun, and of Dr. Andre S. Hellegers, first director of the Kennedy Institute for Ethics, Georgetown University, who taught us always to express our reasoned positions in statements of principle.

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CHAPTER ONE

ETHICS IN NURSING EDUCATION AS REQUISITE FOR THE COMMITIVE AND CREATIVE MORAL PRACTITIONER

X Seed for the planting must not be ground.
 Saatfruchte sollen nicht vermahlen werden.

Goethe

Professional practice, theories and research exist today in a climate of flux, with radical changes in the medical profession and health care delivery systems. Shifting paradigms of scientific and philosophical theories place renewed requirements on the articulation of the meaning of concepts foundational to all aspects of professional practice. Educators are challenged to re-examine the epistemologic basis of approaches to theoretic and clinical instruction. Qualitative approaches to nursing research are deemed increasingly important and the justification for quantitative study is questioned as not as inherently objective as previously maintained.

The study of ethics is not untouched by these influences. Because of these changes, it is no longer sufficient for nurses to be prepared to engage moral discourse at the level of values. In addition, articulation of principles directing actions and discussion of meta-ethical issues (Kieffer, 1979) are being mandated by the nature and scope of twenty-first century changes. These emerging social and health care practice issues are confronting the practitioner with challenges to meta-ethical discourse, that is, why and how should one be ethical.

In the past, the nursing profession as an international community of scholars, researchers, and practitioners confronted with changing demands, made serious effort and meaningful progress in the education of professional nurses for analysis and decision making for moral practice. During the middle to late 1960s, rapid advances in biotechnology presented challenging situations of moral ethical choices to medical and nursing practice. Initially, nurses had little involvement in bioethical decisions and limited awareness of necessary elements for ethical decision making. However, they were directly involved in carrying out these decisions in the care of patients. Prominent case examples of this situation were instances in which infants with Downs' Syndrome or anacephalaly were allowed to die without feeding. Because these technologies involved patients at the edges of life and death, bioethical decisions were regarded and addressed primarily as issues of medical ethics. The abandonment of care of those being allowed to die to nurses and family members was denounced as itself immoral by some physicians (Gordon, 1979 & Pellegrino, 1979) and ethicists (Ramsey, 1970 & Gustafsen, 1973) as breach of the contract or covenant of care.

Efforts to analyse the nature of the patient as a compromised and vulnerable person (Ramsey (1970), and the nature of the relationship of patient to professional caregivers (MacIntyre, 1977; Pellegrino, 1977) helped to clarify the necessary involvement of the nurse and to demonstrate distinctive issues related to nursing practice. Nurses' professional awareness was drawn again to the concept of person because of quality of life issues and the attempts by some ethicists to relate life and death decisions to the presence or absence of a minimal set of qualities or characteristics essential for personhood.

Currently, issues of the patient as a moral person are being considered in relation to a patient's candidacy for organ transplants in order to achieve just utilisation of scarce resources.

While these discussions of the nature of the person revealed important concepts for practice, the focus was primarily on the philosophical analysis of the interrelated aspects of patient as person. Practitioners were essentially lacking in this perspective because in nursing as well as the other health care disciplines, knowledge of the human being was taught from the viewpoint of the biological and psychosocial sciences, incorporating some knowledge from liberal arts and humanities courses. Nurses might not choose to pursue study in philosophy of man, or more specifically, the nature of person. Yet, nurses are being confronted again with issues that require knowledge of the nature of person that goes beyond the selective perspectives or focus of each individual science. It is precisely because 'person' is a philosophical or metaphysical concept that the empirical descriptions of human behaviour in the various sciences cannot be adequate accounts of the person. Further, given the conditions described above, there is an increasing need to focus on the nurse as person, especially from the viewpoint of agency for actuation of moral ethical decisions in rapidly changing professional practice.

Throughout the 1970s and 1980s, nurse preparation increasingly included ethics for decision making in practice through values analysis, moral reasoning, and principle-based judgements of nursing ethics as well as other health related practice issues. Although more prepared to make nurse-patient focused, principle-based moral ethical decisions, the nurse as a moral agent is

confronted with intrapersonal and institutional challenges and barriers to actuation of informed moral agency. Part of this challenge arises because nursing is still in the process of establishing legitimacy (Habermas, 1975) as a theory- and research-based profession, and is in need of definition and congruency of the philosophical bases for its professional practice.

The thesis of this study is that the being of **person** and personal or **self identity** of the **I myself** form the bases for actuation of moral agency. Further, the thesis proposed is that these and their related concepts, which may be presented in various interpretations, form part of a framework of essential preparation of professional nurses.

The term 'framework' is used in the sense of a structured but open work: a set of basic ideas. The concepts for one's operative framework provide the explicit or implicit background for one's moral judgements, intuitions, or reactions in moral assessments. A framework for educational preparation for enhanced actuation of moral agency may provide the needed focus on moral ethical action in response to these assessments. As a nurse who has practiced for ten years in clinical nursing, nursing supervision and occupational health, and twenty-five years in postgraduate nursing education; and having been a student for all these years; the writer has chosen concepts and content that reflect lived experience, formal preparation, and focused research of the emphasised topics. The observations and analyses are from a mind formed in the Judeo-Christian tradition and schooled to discriminate and appreciate eclectic as well as selectively ideological perspectives.

The dichotomy of approaches to the nature of person as a

'what' or as a 'relational being' recognises different sets of presuppositions and assumptions for each. Acknowledging the primacy of the practical as the goal or telos in the nursing profession, the major emphasis is on the importance of the inclusion of the nature of person as the underpinning for the concepts of identity, agency, and virtue in the one who practices in the care of vulnerable patients or clients. The vision can be extended to include the influence of nurses, as the largest group of health care givers, being fully prepared to articulate informed moral and ethical practice choices to policy makers and potentially threatened groups of patients.

Changing health issues, delivery systems, institutions, and traditions indicate the need for committive and creative moral agency in the practice of nursing. For the purpose of this study, **moral agency** is the capacity and ability to respond to practice situations in which moral problems arise. By **committive moral agency** is meant a readiness to involve, to consign oneself to addressing the problems and issues encountered in practice. Cua (1978) states that **creative moral agency** refers to "the manner in which a moral agent qualifies the function of moral principles in coping with his situations" (p. 1). **Moral creativity** also means the way in which the decisions involve the inner life and personal vision; "the range of personal valuative acts: the modes of being that constitute and in a sense create personhood" (Cua, 1978, p.3). These concepts contribute important dimensions to a framework of theories, whether explicit or implicit, that inform our moral and especially ethical judgements, intuitions, and responses.

Purpose

The purpose of this thesis is to propose and analyse

interrelated components of concepts of person and moral agency, which are viewed as contributing to a conceptual framework for nursing education and practice. The topics and content areas developed in this analysis remain largely unaddressed in nursing literature and nursing research. The areas discussed in this work for development of a beginning framework include concepts of person, especially as related to self identity and actuation of moral agency. The nature of practice and virtues in relation to creative moral agency are envisioned as contributing important elements to the outcome of the study. While the focus of this work is on the actuation of the appropriately reasoned moral decision, the nature of committive moral agency, and facilitators and constraints in ethical actions, it is hoped that others in the profession will engage in dialogue and conferences directed to a concerted effort to enhance the role of agency in preparation of students and nurses in practice.

The approach taken in this thesis is inductive and expository. Research methods include a focused historical review of literature as well as content and conceptual analysis with applications in cases or practice examples. The content and ideas presented are not an attempt at systematic commentary, critique or synthesis although critical commentary is included. In specific instances, two types of approaches and content will each counter or critique the other, as with the objectivist and relational viewpoints; or the good and right as the basis for moral evaluations. There will be readers whose previous study and experiences will inform their choice of perspective. Transformative learning for the adult learner involves study and active reflections to assess one's meaning schema and meaning perspectives. The seed is presented as source for meaning assessment. The acknowledged possibility is

that after reflection, one's schema and perspectives may be modified. It is also to be anticipated that the readers may find that they are prepared after reflection to reaffirm their previously acquired meaning schema and perspectives.

For the same reasons, although the writer's organisation and sequence of the texts are enlightened by exposure over the years to these and other writings, the thoughts presented may not be and certainly do not claim to be at all points congruent with the authors. Sources of an eclectic nature (based in Western and Oriental, Christian and non-Christian philosophies) are used to structure arguments for the need of the profession to study systematically the conditions for and barriers to moral creativity. The choice of approach from the ontology of the person may seem far removed from practical consideration; and other specific ontologies and related materials could be selected to discuss the concept of person and personal identity. The intention is to bring to attention and encourage dialogue on these concepts among nursing scholars and practitioners.

The purpose in the following chapter is to review the developments in nursing ethics as background to demonstrate the nursing profession's focus and formidable efforts for values and standards in moral practice. The developments demonstrate as well the lack of emphasis on the virtues and other aspects to enhance potential for agency in nursing practice. Questions for exploration in the analysis are presented as cues or guides to focus attention on seeds to be gleaned in the subsequent chapters.

In Chapter Three, the ontology of person and personal

identity in the metaphysical analysis of Weiss's Privacy (1983) and the phenomenological analysis of Stein (1989a) are discussed. Weiss' use of the term 'privacy' does not involve ideas of the individual sphere as the correction for public rationalism or communal existence, nor as the construction of a non-political realm of the private in which the actor can express selfishness, elitism, or creativity (Rorty, 1982). In this view, the private is necessary for development of the innovative or transgressive ideas held in check and structured by the public. These ideas have been critiqued by Fraser (1989) as an effort to sustain one view of autonomy as one aspect of the person. Rather, Weiss' use of privacy and the concern in this thesis is to describe the dimensions of person and he has infused the topic with the fresh language of a fully non-reductionistic analysis. His analysis of person is a capstone for his earlier analyses of the person, especially in social and political relations (Weiss, 1980).

Stein (1989a) applied her preparation in both scientific psychology and Husserlian phenomenological analysis to the nature and understanding of person in the process of empathy. She explicitly demonstrated the inadequacy of the then current scientific theories in the study of the intra- and inter-personal aspects of empathic knowing. These two types of approaches are contrasted in relation to the nature of person and personal identity as a basis for discussion of values and virtues in the actuation of moral agency. The nature of and influences of self-identity are presented in the analyses of Charles Taylor (1976, 1989). His representation of the formation of identity in strong and repeated evaluations seems to resonate in the experiences of nursing students and staff.

Chapter Four is an examination of the multiform role of the virtues and the nature of practice (MacIntyre, 1985) in relation to moral agency. Commitment and moral creativity for ethical practice as supported by the structure of one's life is proposed in Chapter Five, based upon the work of Anthony Cua (1978). The influence of shame and guilt as barriers and of hope as facilitator to enactment of personal agency are examples of a range of such factors in each of these categories of influence on action.

Finally, in Chapter Six the elements discussed in the thesis are reiterated as proposed components of a beginning framework for committive and creative moral agency in nursing education and practice. Implications of the proposed framework are discussed using examples of nurses who actualised agency in ways that created new paradigms of care. The implications of the analyses for nursing are viewed as heuristic for future education and practice.

The ideas and examples throughout this work are presented as seeds for the sowing, not ground by definitive critique; indeed, most are part of the ongoing dialectic in the literature of each component. Nor are these all the possible seeds to be sown, as other related aspects of the concepts remain as challenges for future development.

CHAPTER TWO

PERSPECTIVES ON THE DEVELOPMENT OF ETHICS IN NURSING

Moral practice takes place within the context of day to day, person to person contacts in the communications, care and decisions of nursing practice. The international community of nurses has been diligent in providing leadership for nursing ethics. In the United Kingdom, the Ethics Forum of the Royal College of Nursing was established in 1991 to address the issues that nurses face in clinical practice. The Institute of Medical Ethics focused on the teaching of nursing ethics and highlighted the significance of nursing ethics content for practice. Subsequently, in 1991 the National Health Service funded the National Centre for Nursing Ethics to address issues of nursing practice. More recently, the European Centre for Professional Ethics was launched with the aim to provide a multidisciplinary forum for research and education in professional ethics, focusing especially on nursing. Within the European community, the University of Pamplona in Spain, conjointly with the University of Edinburgh, developed through the ERASMUS Project an all-European concern for ethics in nursing practice. The Nordic countries, Finland and Sweden in particular, have evidenced their concern for ethics in nursing through the development of Codes of Nursing Practice, workshops, invited speakers, and other fora to explore relevant issues in nursing ethics. These are only a few examples of the developing interest and growing life of nursing ethics that indicate the strong heart of the nursing profession in relation to its moral life and stance.

Preparation of nurses to practice as moral agents is essentially related to the present and future development of nursing ethics. In the following sections, an overview of the context, progression, special characteristics and focus of ethics preparation in nursing is presented to delineate more clearly the need for a greater emphasis on the person of the nurse as the basis for committive and creative moral agency. The overview reveals a strong foundation upon which nursing leaders can build to extend the academic preparation and practice experiences of professional nurses in order to enable and facilitate moral creativity in response to changing and emergent needs.

Teaching of Ethics in Nursing

In response to the need for increased involvement of nurses in clinical moral issues and decisions, a variety of activities were initiated to prepare nurses to be more knowledgeable in ethical analysis and decision making. Examples of this in the United States include the preparation of nurses in ethics in special programmes of the Kennedy Institute for Ethics, and fellowships for study of bioethics at the Hastings Centre Institute of Society, Ethics and the Life Sciences and at Harvard University. Subsequently, there have been a number of conferences and reports on the teaching of ethics in nursing curricula (Stanley, 1978; Beardslee, 1983; Rodmell, 1985; and Gallagher & Boyd, 1991). In the early application of ethics teaching, the content and emphasis was on medical bioethical issues and decisions. Moral theories, moral reasoning and the application of principles and rules in decision making were stressed. In the ensuing years, nurse education has attended rather unevenly to some of the recommended areas of teaching designed to develop the professional role and heighten individual commitment to

areas of social concern. Nursing curricula that do reflect this emphasis include content and experiences in the analysis and critique of social and economic structures and institutional settings in which services are provided; analysis of issues such as allocation of resources and distribution of services; disciplined self-regulation, development and enforcement of standards and procedures; and issues of professional character in management of professional problems (May, 1980).

Fry (1989) describes four contemporary models of teaching ethics that emerged in this period: the Moral Concepts Model, Moral Issues Model, Clinical Practice Model, and Ethics Inquiry Model. The Moral Concepts Model includes historical foundations of codes of ethics, the value dimensions of nursing, and ethical decision making. The Moral Issues Model addresses foundations of ethics, moral problems in health care relationships, and issues of moral concern in health care such as abortion, in vitro fertilisation, surrogate motherhood, and other like concerns. The Clinical Practice Model uses ethics teaching approaches such as clinical conference, case study presentations, and ethics rounds to focus on moral issues in care of specific patients. The Ethics Inquiry Model focuses on forms of inquiry, questions of methods, and relationships to other forms such as scientific inquiry.

The teaching of ethics was facilitated by the emergence of a number of texts on the subject of nursing ethics. Fry (1989) noted categories of authorship, to which subsequent texts have been added. Some texts were developed by philosopher-nurse teams (J. B. Thompson & H. O. Thompson, 1981; Thompson, Melia & Boyd, 1983, 1988; Benjamin & Curtin, 1981, 1986; Downie, Calman & Schrock, 1987; Veatch, & Fry, 1987; and Husted & Husted, 1991, 1995).

Nurses authored texts alone (Davis & Aroskar, 1983; Tschudin, 1986), and texts were developed by philosopher teachers of nursing ethics (Muyskens, 1982 & Jameton, 1984). Most of these texts also placed major emphasis on more traditional clinical medical ethical dilemmas such as abortion, euthanasia, and termination of life support, and not on nursing ethics in everyday practice. The second edition of the Husted and Husted (1995) text is noteworthy for chapters on the value of virtue and the role of agency.

Another category can be added to Fry's list with the publication of a nurse edited text (Tschudin, 1993), the first of a series that explores ethical issues confronting practicing nurses and Project 2000 students through application of theories and concepts by critical analysis of case histories. Noteworthy as well is the Tschudin and Farr (1994) continuing education series in nursing ethics in the Royal College of Nursing weekly, Nursing Standard.

Reports on the use of specific teaching models (Aroskar, 1977; Frisch, 1987; Fry, 1989), aides such as case studies (Veatch & Fry, 1987; Waithe, et al, 1989), and teaching strategies (Penderson, Duckett & Maruyama, 1990) represent topics in a rapidly increasing literature on curriculum and teaching of ethics (Pence, 1986).

The ongoing accomplishments and integration of the knowledge, tools and experiences developed to date are used to strengthen and restructure curriculum models and approaches (Gaul, 1989; Quinn, 1990; Rodmell, 1988). For example, Rodmell (1988) developed an Ethical Analysis Framework and Model which combines ethical constructs/components for nursing practice with five validation criteria to ensure that an ethical perspective is incorporated into all models of nursing. Ethical

constructs are presented in categories representing Respect for Person, Liberty/Freedom, Autonomy, Truth-telling, and Justice. The five criteria to be applied to the ethical constructs include: **Use/knowledge of model and constructs**, **Linguistic interpretation**, **Measureable behaviour**, **Adequate sampling by qualified, experienced personnel**, and **Content consistently presented**.

Preferred cognitive, effective and affective outcomes are indicated for each of the criteria. The emphasis on effective is to alert the reader to the inclusion of **actions to effect** the desired outcome as a distinctive and commendable feature of Rodmell's model. The outcome for the **Use/knowledge of model and constructs** criterion is that: the Patient/client/advocate/trustee realises maximum health potential. **Linguistic interpretation** is evaluated by the outcome: Definitions clearly articulated and understood by patient/ client/ advocate/ trustee. The criterion, **Measurable behaviour**, has as outcome that: Desired changes are realised and inferred from patient/client/advocate/ trustee. **Adequate sampling by qualified, experienced personnel** is assessed by the outcome that: Patient/client/advocate/trustee is facilitated to participate in health care decisions. The criterion **Content consistently presented** is measured by the outcome: Patient/ client/ advocate/ trustee accepts consistent information.

Although needing testing and elaboration by application and research, the Rodmell Ethical Analysis Framework has been presented in detail as an example of a nursing-focused model of ethical constructs, which includes criteria and outcomes in order to guide nurses' implementation of these guidelines in education and in the practice of nursing in clinical and community settings. Also, Rodmell's use of

the term 'constructs' raises consciousness of a range of related concepts and allows for the possibility of treating not only the values aspect but also the virtues aspects of the concepts within each construct.

While Rodmell addresses ethical constructs, curricula for nurse education have tended to be focus on values and values clarification. As will be discussed in the following section, the focus on the virtues related to practice is a neglected aspect of moral ethical teaching as it has developed in nursing education, and the emphasis on the virtues is viewed as an essential dimension for creative moral agency.

Values and Virtues in Nursing Education and Practice

Not only did nursing education mirror developments in medical bioethics but also the emphasis on values. The values addressed were related to the special character of patients' needs and to the duties of the nurse in meeting patients' needs. The moral reasoning procedure applied to arrive at decisions was based on the weighing of different values and the consequences of the decisions to the values. The characteristics of value were taught as: indicating what is judged to be "the good", implying preference and being supported by rational justification, countenancing strong feelings and intense attitudes, and specifying a course of action (Kieffer, 1979). The expectation was that if the common values were articulated clearly and guided an ethical decision making process that was sufficiently thorough and circumspect, then the moral decision would be both appropriate and enacted. As guides to action, values were expected to enable or empower the implementation of the decision. The analysis of other factors of agency is a primary focus of this thesis.

Because uncertainty in values and lack of common values clouded appropriate statements of principles, values clarification was viewed as a necessary part of educational preparation (Uustal, 1978; Steele & Harmon, 1983). Critiques of the emphasis on values stressed the lack of discussion of the relationship of stated values to a sense of right or principles such as justice or fairness. The process of values clarification has been criticised also for being too abstract and academic because unrelated to practice. In response, improved strategies for value analysis were proposed (Frisch, 1987). This was advocating more or better of the same, which was not able alone to accomplish the desired outcome of enhanced ability for implementing decisions.

The emphasis on values and values analysis has continued, nevertheless. In 1986, the American Association of Colleges of Nursing conducted a national study using regional hearings and working groups to identify the essentials of college and university education for nursing. The study addressed the characteristics of the nurse as an educated, professional person. Essential values, attitudes and personal qualities were specified as necessary dimensions of the nurse as professional person. Values were defined as "beliefs or ideals to which an individual is committed and which guide behavior" (American Association of Colleges of Nursing, 1986, p. 9). Seven values were presented: altruism, esthetics, equality, freedom, human dignity, justice and truth. The values were briefly defined, and attitudes and personal qualities related to each of the values were identified. The final report is a synthesis of the responses of the working groups, which specified further the professional behaviours that would be reflective of the values. For example, the value justice is defined as upholding moral and legal

principles. Examples of attitudes and personal qualities related to justice are courage, integrity, morality, and objectivity. The examples of professional behaviours that reflect commitment to justice are identified as: acts as a health care advocate, allocates resources fairly, reports incompetent, unethical, and illegal practice objectively and factually. The attitudes, personal qualities, and professional behaviours related to the other six values identified as essential for the professional nurse are presented in Appendix I.

As with the Rodmell model, these statements of the American Association of Colleges of Nursing (AACN) and similar efforts can serve as guides for professional nurse preparation and evaluation in practice. Both analyses contribute to identification of attributes of character, attitudes and personal qualities. As aspects that direct attention to virtues and an ethics of virtue they are given further attention as fruitful components of a framework to strengthen agency as a dimension of nursing ethics. Virtue is discussed in a later section as knowledge, character, and self-determination (Carr, 1991) in relation to committive and creative moral agency.

Because a practice involves standards of excellence and adherence to rules, the values that contribute to their achievement have a continuing emphasis in professional and organisational practice. However, in practice organisations value is fragmented to five fundamental types as described by Nagel (1979). These include: obligations to other people or institutions, constraints on action deriving from general rights everyone has, utility aspects, perfectionist ends, and commitment to one's own projects or undertakings. These factors need to be part of the nurse's understanding of threats to one's agency, that is, to enact choices.

Although the nurse moral agent may be equipped with a concept of value which includes the element of choice and guiding action as discussed above (Kieffer, 1979), and may know these values, and weigh and state them in articulated principles; when confronted with these and other basic conflicts, the nurse may fail to enact the reflective behaviours in practice. The character state of the moral agent is based in virtues and related to practical intellect and choice (Sherman, 1991). Nursing literature is largely devoid of dialogue on virtues as a part of the nature of person that contributes to the ideal of actuating the held values. This topic is given part of Chapter Four.

The effects of the lack of emphasis on virtues in conjunction with values in nursing education may well be operative in a national study conducted in the United States by Cassells and Redman (1989). Students' preparation to be moral agents in clinical practice was evaluated using eleven skills steps considered in ethical decision-making. Ethical theories, group discussions of ethical issues, role-taking, and practice in making decisions were included as important areas of instruction in baccalaureate curricula. The findings demonstrated progress in incorporation of ethics content and students' perceived level of decision making skills, when compared to surveys of prior years. However, students' estimated their abilities to use ethical frameworks or models and to apply consciously ethical theories and principles in practice as "moderate", showing less progress in this area. The authors suggested this could simply reflect constraints in the students' practice environments, which do not make it possible for them to resolve the ethical issues they identify, and that certain elements of instruction in ethics might be improved. But some of these environmental conditions and constraints are also the situation of nurses

in practice institutions after student status. The influence of constraints in the practice environment is certainly a factor that affects agency and will be discussed further below. The significance of the thesis proposed here is that the qualities and virtues related to use and enactment are components of ethics instruction and practice implementation. They have lacked explication and require improved attention for effective nursing education for practice.

Standards and Codes of Nursing Practice

Concurrent with developments in nursing ethics in nursing education, nursing ethics standards or principles reflecting components of moral and ethical practice were written into codes of practice for the profession in various countries throughout the world (International Council of Nurses, 1973; American Nurses Association, 1976, 1985; United Kingdom Central Council for Nursing, Midwifery, and Health Visiting, 1983, 1984, 1992). Examiners included content on bioethical decision making in tests for licensure and dimensions of expected moral-ethical characteristics were formalised by legislation governing nursing practice. These codes and practice laws are part of nurses' educational and practice preparation. The concepts and principles they include are part of the assessment and evaluation of rule- and principle-based decision making as well as rule-bending and -breaking (Hutchinson, 1990 & Munhall, 1990).

Rule-bending and -breaking have many different levels of violations and significance. In addition, the bending or breaking of rules usually involves conflicting or fragmented values as described by Nagel (1979). A case scenario involved a nurse on the evening shift who

permitted the husband of a patient to stay beyond visiting hours because of worthwhile reasons for both the patient and her husband. Leaving after visiting hours and when security had been reduced, the husband was attacked and robbed going to his car while the patient watched from the window in her eleventh floor room. Although this situation had harsh consequences from a decision based on patient and family interest, and may have been avoided by exercising the virtue of prudence in requesting a security officer to accompany the visitor, it conveys an iceberg tip of many larger issues and challenges to informed agency in practice. While the literature acknowledges institutional problems in the practice of moral and ethical nursing, the dimensions of personal moral agency in response to practice challenges in implementation of the codes need to be explored further. Qualitative studies of self-narrative, development of cases and ethical analyses can provide assistance in this area of practice.

The professional bodies, such as the United Kingdom Central Council for Nursing, Midwifery and Health Visiting, as well as the Nursing Policy Committee, Standards and Ethics Subcommittees of the Royal College of Nurses of the United Kingdom, and Practice Standards Review Committees of the individual State Boards of Nursing in the United States, are applying the codes of practice to determine nurse's right to retain license to practice when charged with claims of code or practice law infractions. The types of problems encountered can provide areas for study of variables related to actuation of moral agency. This assists the profession to think through major ethical issues and to provide improved education for moral agency along with guidelines for practice.

Nursing Research in Ethics

Nurses have acquired doctoral degrees in moral philosophy and through other means of specialised preparation are undertaking and directing research that focuses on ethics issues in nursing practice. Research has been directed to development of tools for measurement of moral judgement in nursing dilemmas (Crisham, 1980); measurement of moral reasoning (Mustapha & Seybert, 1989); decision-making skills assessment (Sachs & Verran, 1990); and moral answerability (Sachs & Verran, 1990). Methodological issues in measurement of moral reasoning and ethical practice have been addressed by Ketefian (1989). Sigma Theta Tau International has acknowledged the importance of research in nursing ethics by funding studies of ethical dilemmas in nursing, ethical decision making in occupational settings, perceptions of moral conflict in practice, measurement of moral answerability, and the elderly's perceptions of the ethics of treatment decisions (Sachs & Verran, 1990).

As nurses have become better educated, more vocal and active in ethical analysis and decision making, they are increasingly serving as equal and active members of ethics committees in the workplace (Murphy, 1989), which presents new challenges related to consensus and its significance to moral agency (Jennings, 1991; Tong, 1991; & Hope, 1989). This issue will be addressed in Chapter Four. As with international similarities of ethical issues in nursing research (Davis, 1990), one may conjecture that the ethical issues confronting moral agents in nursing practice have international similarities arising from the nature of the patient, the nature of nursing practice, and its relation to other professionals and practice organisations.

What is still to be addressed by nursing researchers are issues arising from within the person as professional nurse in confrontation of self identity, character, and virtues that contribute to the formation or deformation of committive and creative moral agency in nursing practice.

In summary, from this overview of the literature, from experiences in the implementation of ethics in the curriculum in higher education and based on assessment of continuing education offerings in nursing ethics, it is evident that the nursing profession has progressed in nursing ethics education, practice, research, and in the monitoring of moral practice. There are, however, dimensions of nursing ethics that have been neglected and challenge further development. One set of interrelated problems has been the focus on medical rather than nursing issues and on values and values clarification, which are insufficiently related to moral principles and lack application to situations and conditions of practice. These conditions have an impact on patient care and have been attributed variously to dominance of other professions, economics-driven health care delivery, and organisationally controlled environments of nursing care delivery. The effect is moral distress (Wilkinson, 1988 & Huchinson, 1990) and constraints upon nurses' efforts to actualise morally-reasoned ethical decisions. A factor contributing to the constraint is underdevelopment in nursing ethics education of the nature and role of virtues in relation to knowledge, character and self determination for actuation of moral agency. The importance of the virtues becomes increasingly apparent as nurses attempt to act in morally and ethically responsible ways under restrictive rules.

A second dimension of the problem is the still unexamined

nature of nursing as a practice due to the pervasive equating of the nursing process with the practice of nursing. McFarlane and Castledine (1982) gave an early indication of this difficulty by deriving a set of statements addressing the complexity of the nature and characteristics of nursing practice. Since the moral practice of nursing takes place within the context of nursing practice, further attention needs to be given to practice as a concept, and to the elements of a philosophy and theory of praxis (Macmurray, 1978; Wojtyla, 1979, 1981; Moya, 1980).

A third problem is that while it is inherent in every statement of philosophy of nursing education and practice that beliefs about the nature of man and patient be included, the nursing literature remains sparse of indepth study and dialogue on the different ontologies which underlie the belief statements. Conflictual components are included in the philosophy statements (Johnson, 1990), resulting in superficial, confused and failed attempts to form a coherent, consistent foundation for curricular and practice decisions.

This situation is made more acute because in recent years major challenges have resulted from shifts in the paradigms of the philosophy of science and epistemology. These are regarded as revealing incommensurable, mutually incompatible presuppositions and irreconcilable ways of knowing. It is claimed that the objective rationalistic way of knowing cannot be separated from the subjectivity of the knower. The deontological approach and the Kantian project are increasingly difficult to defend in the view of the challenges to rationality. Received knowledge is not the reality of the learner until it is given subjective or personal meaning within a tradition and cultural

perspective and interpretation in self-narrative. The nursing profession will need to respond to ideas of human knowing and valuing as other than logical system. The initial response to this challenge has been termed "curriculum revolution" in nursing (National League for Nursing, 1989).

Kim (1993) notes that there is a growing sentiment in the nursing scientific community for the position of philosophical and methodological pluralism. Kim proposes alternative linkages among philosophy, theory and method appropriate for nursing science. At the same time, she acknowledges that pluralism in these dimensions and levels of nursing science presents problems of choice to nurses in practice who are concerned with knowledge utilisation. This situation maintains also for moral theory and practice.

Barden (1990) has proposed that indeed there are no given or innate propositions, and that our traditions do place us in different and sometimes incompatible horizons. He maintains, however, that these varied traditions with their irreconcilable basic presuppositions are themselves not ultimate. He argues that what is common and ultimate is a set of operations that gives rise to a practice tradition, and that consequently we are not irredeemably confined within the limits of our present selves.

In our moral ethical practice, we do not usually attempt to convince or change another in unimportant ways. According to Barden, we do not in principle accept the other as confined within some horizon, or as playing a language game of which we cannot know the rules, nor as unremediably bounded by paradigms of presuppositions. Neither do we experience ourselves as intellectually

committed to a set of invulnerable propositions from which we may confidently deduce our world and for which we are not responsible.

Rather, within our traditions we discover ourselves, where and what our bases are and learn as with earlier generations, that these bases are open to question. Through questioning and decisions we become responsible that, and in what way, the tradition survives. Barden maintains that this is true even if we exercise this responsibility in a world or situation which is: a) decided by other, b) the unintended consequences of intended actions, or c) the product of the play of nature, or our own selves, or providence.

In Barden's view, the unquestionable given is not a set of propositions but the process or operations of questioning practice. He proposes that the radical(root) responsibility of the ethical actor is discovered in the agent's asking "What am I to do Now?" And this questioning is done from within the agent's tradition which is itself open to question. The moral or ethical field may be defined as the domain of deliberation and choice. "Ethical [emphasis added] action has to do with realising a possibility over which one has control and for which one is responsible" (p. 7). This is distinct from moral dimensions of practice which follow codes clearly within limits of responsibility; acts the moral agent may have come to do by habit. One moves from habit to act as virtue by asking the "What am I to do Now" question, giving the answer, and acting in accord with the answer. Assistance with the development of this aspect of moral agency may be forthcoming in Fry's (in progress) research on the notion and measurement of answerability.

The intellectual and sensitive learning of discriminations in nursing education and practice suggests to us our vulnerable criteria, and in this learning process we can posit an ethic of duty or obedience to moral rules. But more deeply, we can discover an ethic of responsible intervention and creativity. All ethical activity is an attempt to create from within the tradition, the particular situation, and our personal self identity. In doing so we are taking responsibility for the reasonable creation, in the present, of a future that is part of a vision of a preferred future for nursing practice and responsibility.

In order to focus on the issues, concepts related to these developments and challenges, the following questions will function as cues and guides for the presentation to follow and for the reader's pursuits beyond this thesis.

Questions for Focus and Exploration

The study questions raised by the problems and issues confronting the nurse as moral agent and how educators can best prepare for committive and creative moral and ethical practice include:

1. In what ways does knowledge of the nature of the person facilitate the reflective nurse as moral agent to actualise that agency in practice situations?
2. What internal qualities maintain to inform and move or inhibit the moral agent in actuation of practice choices and creative responses to practice challenges?
3. What is the structure of a process-oriented framework of knowlege, concepts, and skills needed for educational preparation for actuation of moral agency?

In the following chapter the nature of the person yields deeper insights into the being of the responsible agent.

CHAPTER THREE

THE ONTOLOGY OF PERSON AND PERSONAL IDENTITY

The nature of the person and of personal identity are central to the daily practice of professional nurses. This understanding is necessary in order to be duly respectful in our attention and care of persons, and to confront the moral and ethical challenges presented by contemporary and future socioeconomic and technological demands on practice. The perspectives and research findings of the various disciplines give only their respective limited views of the nature of the human being. Efforts toward synthesis of the sciences will not yield the basic understanding and insights needed to respond appropriately as individuals, nor as a profession, to the needs of the persons for whom we are committed to care. The purpose of the following discussion is to differentiate approaches and concepts of person as foundational to understanding intra- and inter-personal aspects of practice. Personal or self identity is a dimension of person which is given separate attention in this chapter as an essential element in the actuation of moral agency.

Since **person** is a metaphysical concept, there are difficulties in adequately presenting ideas due, in part, to language that is abstract. It is influenced also by ongoing dialogue and debate regarding explications of words which can acquire different meanings in a particular model or approach. The purpose is to describe the basic knowledge to be gained in ontological approaches to understanding the nature of person in relation to the

larger purpose of the thesis, which is to relate the nature of personal identity to the actuation of moral agency.

Approaches to the Study of Person

Based on analyses of a number of theories of person and personal identity, McCall (1990) concluded that the meaning of the terms **person**, **self**, and **human being** can be distinguished as representing different modes of conceptualising the individual. For others, the term 'individual' is limited to mean that which differentiates one material substance or being from another. McCall views the individual as the subject of all the properties which constitute the concepts person, self, and human being taken conjointly. She states

The concept of **person** [emphasis added] represents an understanding of individuals, who display psychological characteristics, are capable of second-order reflection and volition, and so forth. (p. 178)

McCall acknowledges that this is a public understanding of individuals as persons, and that from the public perspective there are properties that may be attributed to or occasionally denied to the individual by others. An example, might be a person with compromised mental capacity being declared incompetent to stand trial or to make informed health decisions. The concept of **self** represents the experiential nature of an individual as a self-conscious entity, as subject of his or her actions, thoughts, memories or intentions. These experiences cannot be identified apart from the individual who has the experiences. Understanding individuals as biological entities that demonstrate specific patterns of growth and maturation, and other species-determined changes is

these concepts do not place the individual person as essentially in relation to other.

Nursing studies have tended to focus on the individual represented in McCall's concept of **human being**, using selective rather than systematic, integrated approaches to self and person representations. While we may fully acknowledge that there may be different ways of understanding or of perceiving the individual, the concept of **person** in this thesis is explored to identify depictions of this entity as an interrelated unity. The analyses of authors who have attempted to study the person without presupposition and from non-reductionist approaches are described in the following section.

Weiss (1983) maintains that the study of this entity, man (human being) and person, is affected by an intellectual world that has placed considerable emphasis on attempts to understand the familiar, experienced, and complex, in simpler, more precisely-characterised units. When these units or components are regarded as alone real, that is, as necessary sources or predecessors of the complex entity, the result is reductionism. Weiss rejects five current forms of reductionism that operate in this way in the study of man and person: physical, technological, biological, psychological, and linguistic. His rejection of these reductions is based in part on the fact that each form uses data, observations and confirmations of the area it presumably replaces, and yet each form is offered as a truth for the others to accept as truth. He claims also that more is already known than any reductionism allows. For example, we know that "men live their bodies to realise prospects not within their purview and outside the reach of physics, technology biology, psychology or language" (Weiss, 1983, p. 6).

Weiss' began his nonreductionistic approach to person, using the concept of "privacy" as the root of human agency. He uses common sense, experientially validated speculation (with the experience of pain as the point of departure), to present the positive description of the multiform appearances of privacy as evidenced in human activities.

In addition to Weiss' metaphysical analysis, the second approach to the analysis of person has been selected as beginning in a phenomenological study of the person as **the other**. This has special importance for nursing practice since it deals with how we may attain to intersubjective experience or knowledge of the other.

Stein (1989a), a student of psychology and of Husserl, used the framework of phenomenology to attain to an ontological foundation of psychology and the human sciences which are so basic to nursing science and practice. Through processes of discrimination, she demonstrated the nature of empathy as a sui generis act and experience of "foreign consciousness", that is, of the person as a consciousness that is not my own. Empathy is demonstrated to be the basis of intersubjective experience and becomes the condition for knowledge of the constitution of the psycho-physical individual and spiritual person, as well as of our own person.

These approaches are selected from among other representations as more contemporaneous, because two basic understandings of person are evident, and their exposition of the nature of person includes approaches to development of the person. One categorises person as a **type of being** relative to other types of beings; it holds

the person to be an individual and rational substance. The other approach sees person in relation at some level to an other and others. The former approach attempts to refine the definition of person and to categorise person as a type of object, a "what". The latter reveals in the concept of person in relation to other, the basis for 'appreciating' or experiencing the distinctions of one's superficial self or individuality, of one's deeper self or person, and of one's true self or identity as grounded ultimately in God and to be realised in one's person. A person with this insight might articulate as his or her basis for agency the position that "persons originate in God, are called into being by Him and are called into union with Him". Person in this sense is the ground of each human being's theological identity as well as personal and self identity.

In the following sections, the examples of these approaches are presented in more detail as positions that may be representative of and useful to numbers of professional nurses seeking a way to articulate their foundational positions vis-a-vis their agency as persons as well as that of patients as persons. Weiss' (1983) analysis of the person as the interplay of the ontological pair--finalities (powers or modes of being) and actualities (individual privacies)--is an example of the first approach. The relational approach to the nature of person is represented by the work of Stein (1989a; 1989b). These analyses will be explored in some detail as providing a way to address what Charles Taylor (1989) has identified as a specific difficulty for personal self identity in modern times--the loss of language adequate to express the dimensions and identity of the person, especially the spiritual dimension.

Weiss on Human Privacy and Personal Identity

Man, like every other actuality or spatio-temporal individual, is part of the reality and also stands outside it, and functions at both places in ways no other actualities do or can as an individual privacy. Weiss states

'Privacy'[emphasis added] will be used ... to refer to the initial source of a man's activities. What he initiates may not be given a bodily expression. It may make a difference to the body's functioning. Or it may bear on what is outside the body. (p. xi)

Two essential aspects of Weiss' concept of privacy are that privacy is the root of human agency and that it is able to act independently of the body. Weiss does not offer these claims in support of a theory of an immaterial soul, in spite of the similarity with that idea. The idea of an "inner" agency able to act independently of the body is presupposed not on any religious grounds, but because it is implied by our ordinary self-understanding. Weiss' project, taking as its point of departure the personal experience of pain, is the philosophical defence of what can be known of human nature by common sense. The structure of his argument moves from non-controversial to higher levels of discourse where the same beliefs become not only controversial but rejected in some schools of thought.

Human privacy, as the initial source of a man's activities, and its evidences or epitomisations are known by observation and introspection. The term 'epitomisations' is used to express the multiple ways in which human beings achieve determination by insistence of their being in opposition to or in conjunction with other individuals. Inherent in one's own privacy, from its earliest zygote stage, is a promissory form to be actualised, and attempts are made to achieve that

potential or epitomisation. In ordinary common sense, reliable judgements are made about the "inner states", certain motivations and ideas, and the ability to act. Systemic inquiry makes evident the presence of certain powers or evidences of human privacy.

Epitomisations of Human Privacy: The Person, The Self, The Idios

Human privacy and its epitomisations underlie and make possible the ways human beings "express themselves in and through their bodies"; ways like sensitivity, desire, and so forth. Weiss writes

Epitomizations are a consequence of an effort to act with greater definiteness and efficacy--an effort which is in itself a specialization of a man's primal attempt to complete himself. In the absence of all epitomizations, he would have only an indeterminate privacy acting on his body. (p. 47)

The primary concern in this thesis is with what Weiss terms the epitomisations of the self, the expressions or manifestations of the self, especially the I, which is said to be the locus of self identity. The self is an expression of the person, rooted in the individual privacy. A further, deeper (or higher) epitomisation of a privacy is the idios, which functions to harmonise and maximise the operations of the other epitomisations of person and self. Thus, the idios operates to improve or perfect rather than complete itself. Evidences of the idios--the inward self-sufficient, self-mastered, self-guided, creative and self-established human being--are developed by insistence of the privacy to achieve its possibilities or epitomisations as a person and self.

By accepting whatever conditions everything else, the idios becomes enriched, and attains a position where it can enrich and reconcile other epitomizations of the privacy with one another. To do this it makes use of all the finalities [powers or modes of being, explanation added], under the limitations which those epitomizations impose. The finalities are present and operative apart from the

idios; they act on and are countered by whatever actualities there be. The use of the finalities by the idios is an additional fact, dependent on the existence of a mature man. (Weiss, 1983, p.250)

The interplay between the idios, harmonising and maximising the operations of epitomisations of the person and self, and the finalities, that is, the powers or modes of being, is a maturational interaction. The idios concerns not so much existing as existing excellently. Expressing the self from this more unitary position, the mature human being subjects whatever he or she encounters to him or her self by a constant presence, source, possessor, and control. The idios effects this balance and overcoming of conflicts or incompatibilities of epitomisations to exist excellently by providing appropriate remedies and cures.

Nine types of remedies may be used as appropriate, which at given times successfully reduce a particular conflict and rectify situations or unwanted outcomes. The primary meaning of 'remedy' is the desirable reduction of an undesirable occurrence. The remedies include: denial of opportunity, denial of satisfaction, constraints, threats, habituations, interspersals, counteractions, transformations, and destruction. True remedies function to awaken internal productions of more encompassing corrections than could be provided from without to rectify situations.

A case example of transformation as a remedy is provided in a story by Shideler (1985). A nun was vowed to the care of poor children but obsessed with the desire to travel. By an act of acceptance she converted the prospect of travel into retrospect, treating the children that day with fresh energy and new recognitions as one just home from a long journey.

Actually, this example approaches the characteristics of a cure. Weiss describes a cure as producing the wanted, rather than simply excluding the unwanted. Cures produce a proper functioning, making remedies unnecessary. For example, one undergoing surgery wants an operation to correct the underlying defect or enable freedom of movement, rather than the mere reduction of pain. The *idios* is at work here, seeking the selection of approaches to development of the person in order to exist excellently. A full cure enables control and adjustments so that the one's acts maximally exhibit the nature of the unitary source. Cure and will act together for the achievement of health and well being.

Each is a unique privacy with one's own epitomisations of this excellence, in one's own expressions and lived body. The privacy of the matured being has developed, according to Weiss, from its initial existence as a particular, individual eruption, evanescence, or condensation of the dunamis. The privacy is an irreducible unit or actuality, an atomic monad or fragmentation of dunamis. The dunamis is potentiality, a power dynamic, which Weiss (1986) casts as more than the Thomistic concept of potentiality; closer to Plato's receptacle, with the added notion of Aristotelian prime matter. In a proper or specific time, from the dunamis the privacy emerges.

Privacy is conceived as a relatively indeterminate ground, that can be specialised in the various epitomisations. Though that privacy is said to remain "self-same" throughout the course of a man's or woman's life, the "area of its indeterminacy is narrowed" (p. 15) over time by its various epitomisations and their harmonisation by the *idios* moving to the person's excellence of being. The determinations which specify

privacy are its epitomisations. Epitomisations are the source of such expressions as sensitivity, resolution and mind. This concept is described further in the following section.

Privacy and private powers are necessary to any intelligible account of human nature and action according to Weiss. He maintains that the private control one exercises stands athwart our attempts to understand him or her solely in terms of genes, brains, behaviour, language, or other efforts to treat him as though he were wholly public, that is, in a reductionistic way.

Such endeavors are self-annihilating, presupposing as they do the presence and activity of complex unified men who privately formulate the theories, cling to them, and urge their acceptance by others who are also exercising their privacies in acts of thinking and deciding. (Weiss, 1976, p. 13)

The treatment of man as "Broca's brain" (Sagan, 1979) or as neural networks is a major reductionistic project. The crux of Weiss's argument against such projects might be interpreted as the claim that the distinction between public and private is composed of relative terms. The relativity of these terms demands that they not be used in isolation since their meaning would thereby be lost. In one way, when we theorise about human nature a distance is implied between ourselves as knowers and the object as publicly observable. In another way, publicly observable phenomena need to be related to their private sources to avoid their misconception even as public. In both cases the explanation requires the meaningfulness of both terms. The attempted replacement of activities like discussion or appreciation, which in their common sense interpretation have an inner and outer component, with their wholly public, observable aspects is intelligible only on the grounds of the acceptance of the private aspect of things. This term or end of the relative

distinction provides the intelligibility of the claim that the distinction is empty. Consequently, these reductionist claims and eliminative theories seem to be fundamentally flawed. A dynamic by which these observations and interpretations of the inner components may be appreciated is described in Stein's (1989a) analysis of empathy which is discussed below.

What is public serves as evidence for what is private in Weiss' theory. The public expression of privacy is caught up in a public world understood in universal objective terms. The public expression is continuous with that privacy as it is an induplicable and unitary insistence according to Weiss' further definition

A man's constant, indeterminate privacy is unitary, intensive, and controlling. Insistent and effective, it cannot be properly attributed to or identified with a passive manner, or even a body, dynamic and living. Much of what he privately initiates is considerably transformed when it is expressed in and through his body. And what he bodily does has repercussions on what he privately is and how he privately functions. (p. 16)

Two major theses emerge in Weiss's theory of human privacy: that there is a metaphysical reality which grounds the possibility of various characteristic human expressions, and that the specifically human realities cannot be made intelligible without admitting both terms of the private/public distinction. Weiss asserts that appearances reveal realities and that they must have a metaphysical source. Just as the public cannot be understood without the private, privacy would not be available to us without its appearance in epitomisations.

Having discussed the basic concept of Weiss' metaphysical approach to man as privacy, manifesting finalities and an integrating idios, the developing manifestations or epitomisations of human privacy give further understanding.

The insistent privacy seems to be a source of raw agency. The endeavors of privacy to involve itself in the world through its body, force it to assume a more definite form. Human privacy is initially epitomised as a person. According to Weiss, the foetus and developing infant is a person in promissory form from the point the privacy of embryo is formed and twinning does not occur. The person is the public expression of human privacy (or in twinning, of the two privacies/persons) and from this earliest form has (or have) rights as being in potential for epitomisations of privacy.

Implications of this analysis can be discussed in its application to the dialogue and debate on abortion issues, determinations in the care of developmentally-compromised persons, and analysis of positions regarding those in a "persistently vegetative state". Further distinctions in the basic understandings of a privacy as the promissory form of the nature of the person, rather than emotional responses to issues are a requirement for critical ethical thinking. While the conceptual approach to identification of essential content is not new in nursing education (Quinn, 1990), values analysis (Frisch, 1987) as the method to address the issues of the content does not provide the level of reflective and critical thinking needed for analysis of the basis for the held value and the resulting ethical choice (Gaul, 1987). The following elaborations of the dimensions of person will demonstrate concepts and suggest teaching strategies for additional applications to nursing education.

The person attempts to act more efficaciously, making insistent foundational effort to become self-complete. Inherent in one's own and each privacy is a promise or promissory form to be actualised. From this earliest

point the privacy/person is actual and in potential for actualisation. This is not unlike Aquinas' descriptions of potentiality and actuality. The epitomisations, which Weiss enumerates as those which constitute the "person", should be thought of as operative powers in acts or achievements of person. Efforts to focus concern upon one's own body develops sensitivity. By focusing through one's body upon other bodies one develops sensibility, which specialises an effort to realise value. Sensibility is a key element in the special environment a privacy creates or requires to achieve excellence. Efforts to achieve completion as an individual being lead to appropriation and subordination of other corporeal individuals, in need to absorb them wholly to oneself. Need specialises an effort to realise a relation of othering. In desire the other is used to transcend oneself. Desire specialises the realisation of a condition that enables other beings to be coordinate with what seeks to possess and use them. It is the insistence of our being as desirously moving outside itself to the insistent being of the other. Attempts to centre one's being within an environment from one's own singular perspective effect orientation and sociality. Sociality is living consciously amidst the multiplicity of individual perspectives. These eight epitomizations of the 'person' are real possibilities; genuine prospects for the individual being.

The implications of sensibilities as the basis for value realisation in the learner, gives educators reason for pause since we have not given sufficient consideration to how these sensibillites are formed and shaped by change. The specialisation of developmental skills is the emphasis in this agent realising frame of expression of the person and can be used as means of assessment to

patient as well as learner characteristics that can influence agency.

Epitomisations of the Self: Autonomy, Responsibility and the I

A second set of epitomisations, which constitute the "self", are autonomy, responsibility, and the I. These epitomisations are achievements rather than faculties, and are the result of certain continuing strivings of a privacy as opposed to inherent constituents. The epitomisations that constitute the self are higher on an ascending scale of greater privacy and in some way seem isolated from involvement with the body.

A person is inevitably affected by or occupied with what is not private, modified by what is bodily undergone and by what has been done before. One can point to a person, hurt a person, and provide public satisfaction for a person's rights. One cannot point to or hurt a self. Unlike a person, a self is wholly private. (Weiss, 1983 p. 15)

As the individual matures as person, the privacy becomes further specialised in the form of a self. The self is no pre-existent substance waiting to act on the body. The self, for Weiss, is the inner circle of human privacy. The self is the apex of a pyramid; an achievement built upon other such achievements. His further inquiry yields evidence of the self and self identity in the assertion that man is self-same or even persistent over a career, which implies that "we must have a knowledge of ourselves which reaches beyond both our bodies and our persons" (p. 209). The principle of this self knowledge and self identity for Weiss is the I; "the innermost insistent epitomisation of the self" (p. 211). The I is available in experience as evidenced in responsible acts and sustained claims. The presence of a self is evidenced by making evaluative judgements

rooted in a divergence between what is done privately and what is done bodily. These judgements are the expressions of the I, manifest its autonomy and responsibility, and so shed light on ethical obligation and personal identity.

Autonomy is described as a private taking of oneself "to be deserving of rewards or punishments for what is publicly done" (p. 216); for actions taken on one's own. Weiss places autonomy somewhat in opposition to accountability. Autonomy is the private assumption of accountability and the best evidence of it is "imbedded in bodily acts which express an opposition to an attributed accountability" (p. 216).

Clear implications of these concepts are evident in an example of a former naval corpsman working as a registered nurse in an emergency room of a large metropolitan hospital. As a corpsman he acquired and used successfully endotracheal intubation skills on a number of occasions. In his emergency room position he had neither attributed accountability nor authority under license or hospital policy to perform this skill. In a life threatening situation, a resident physician was unable in three attempts to intubate a patient whose death was imminent. The nurse intubated the patient and with oxygenation the treatment proceeded and death was avoided. The administrators thanked the nurse for saving the patient's life but terminated his employment and submitted the report of violation to the state board for licensing.

In other words, societies and states attribute accountability for a variety of pragmatic and cultural reasons to individuals who may or may not have privately assumed that accountability. The publicly ascribed

accountability makes them objects of rewards and punishments. Such rewards and punishments can be assigned without regard for responsibility. According to Weiss, the very act of rewarding or punishing makes someone accountable. The nurse in the situation expressed the basis for his action in self autonomy.

Responsibility "makes one worthy of praise or condemnation for having done what is objectively right or wrong" (p. 216). One is properly judged to be responsible when he or she has reached a stage in which they are required to produce what "finally ought to be" (p. 184), for example the licensed practitioner adhering to the standard or guidelines for care. Accountability refers to an external, public tracing of actions to a locatable body, human or animal, regardless of whether that attribution is accurate or fair. Autonomy on the other hand is a privately undertaken acceptance of accountability. As such, however, it refers usually to the same standards as accountability, that is, a prevailing social morality. Responsibility, at a deeper recess of the privacy, refers one to what finally ought to be. This ultimate standard goes beyond what any particular society may judge good or bad. A human being then, is responsible based on his or her metaphysical status, that is, one's achievement of a privacy sufficiently complex and mature to enable them to allow a final standard to become part of their actions.

Once this level has been achieved, according to Weiss, human beings remain responsible regardless of whether they continue to act responsibly. One may note that Weiss's concept of responsibility seems to eliminate the necessity of considering intention. But Weiss regards intention as proper to the person epitomisation,

resolution, as having to do with particularised prospects, while responsibility is directed to a final but indeterminate ideal, what ought to be.

The ex-corpman nurse's articulation of this as principle to guide action may have been stated as: One who has the requisite skill to prevent a person's death ought not to allow a person to die without attempting to use the skill. Learners can be challenged to express different articulation of the principle that would direct their agency to act in a particular way.

Rights and Claims

Privacy is not fully determinate until death, not completely articulated, not exhaustively epitomised; yet it is insistent, making privacy effective in and through my lived body. Access to my privacy is made both by myself and others from the outside through my available public, locatable, perceivable embodied person. Each epitomisation has rights against other limited forms of more basic rights: the right to be, to function, to prosper. This latter right may give pause to an ex-corpman nurse at risk of losing the right to be and function and prosper in one's chosen life way. But the nurse may still articulate the principle that if these goods can be acquired in another way, one ought to initiate the skill to save the person's life and may base this in the rights and claims of the patient in an emergency room.

All rights are lodged in, exist in the person even when there is no public expression. As lodged in the person, the rights have the form of native rights with justified public expression. A just society or just state,

protects, supports and helps men satisfy those rights. A person is a locus of rights. Some rights originate in and are demanded by the person and its epitomisations; other rights maintain on behalf of the self and its epitomisations, or of other specialisations of privacy. Each right is a claim to be, to function, to prosper; to have and to express a/my person, a self or an epitomisation of either my person or my self.

Because some of the rights present in a/my person are claims made on behalf of a/my self, or by what specialises this self, no knowledge of what a person is will reveal all the rights a man or woman has, even when these are present and publicly presented by him through the agency of his or her body or in petitions, demands or requests. My body as lived by my person sustains the rights. The rights of the person are a concern of the state; rights of the self are outside the providence of the state.

In summary, this view of inherent rights of the person, and the unarticulated rights of the self, along with other concepts, through fresh language and insights tends to provide an overview of the dimensions of the human being which is unlike the partial views of the various sciences. Equally, it presents new questions and challenges that need to be explored more fully in relation to agency in nursing practice. The concepts of man and human being are to be explicated in the philosophy of nursing to guide curriculum and practice. Thus, consideration of an integrated analysis of the human being, person, and self, such as presented in Weiss' work, can avoid complaints of inconsistency in philosophy and curriculum and serve as key elements in a framework to organise the wide ranging content on the

human being. The terms can be applied differentially to the nurse as well as the patient. The challenge to nurses who see the value in an integrated framework is to structure the content and processes to support and re-enforce the dimensions of person in the curriculum.

A major objection or critique of the objective analysis of the 'whatness' approach is that the dimensions described are qualitative and that direct experience does not contain such distinctions of components of person and necessarily remain abstractions. Examples and application can demonstrate the meaning of the terms in practice cases.

A second type of understanding of person can be gained from the relational approach to analysis of the person, and incorporated as equally important to the nurses preparation. This approach may have more familiarity to nursing, since the profession has introduced concepts of intersubjectivity in relation to interpersonal communications with the patient as an important component in nursing practice. The increasing emphasis on the patient as partner in health care tends to raise the expectation of patient participation in care and health decisions. This does not lessen the vulnerability nor the rights of patients due to knowledge and skills differences, nor the autonomy, accountability and responsibility of the nurse to perceive and communicate with persons.

Stein's View of Person as PhysioPsychoSpiritual Unity

The point of departure in Stein's (1989a) approach to basic knowledge of the person is that we experience another as other, and from a relational perspective she

begins with a phenomenology of empathy as an act and process which permits access to the other. Stein's concern was how an other's experience and consciousness are "given" to and understood by us. Nursing has used the concept of empathy and studies from various literature and sciences, to address communication and interpersonal processes in the care of patients. Many of the reports dealt with a skills focus and were lacking the underpinning of careful conceptual analysis. Currently, there are questions being raised about the usefulness of the concept in nursing practice because of confusion and inconsistencies in definition (Gould, 1990), application in practice (Pike, 1990) and the measurement of empathy (Morse, et al., 1992). At the same time, current emphasis on the need for nurses to appreciate and respond to multiculturalism and pluralism are reasons for renewed interest in this approach to understanding person.

Empathy as Act and Process

Stein (1989a) begins her study of empathy with a root difficulty, the essence of the phenomenon of "givenness". The source of controversies over empathy hinged on the implied assumption that foreign subjects, that is human beings other than oneself, and their experience are "given" to us. While other thinkers dealt with the circumstances of the occurrence, the effects, and the legitimacy of the givenness, Stein sought to investigate its essence as a basis for understanding acts of empathy.

Stein began by differentiating empathy from other acts of givenness and representation: outer perception, primordial (directly present or experienced) and non-primordial (not directly present or representational

content) givens, and other representational acts such as memory, expectation and fantasy. Empathy shares with these other cases of representation of experience three levels or modalities of accomplishment: "(1) the emergence of the experience, (2) the fulfilling explication, and (3) the comprehensive objectification of the explained experience" (p. 10).

Stein further differentiated empathy from the ways in which other theories would explain our comprehension of other "foreign" subjects and their experiences. She refuted the theory of fusion, which held that content is not linked with intuition; and theories of association, both the type linking single ideas, one reproducing the other, and the type proposing the unity of perceptual context in which this context is always before us as a whole.

Stein concluded that empathy deals with grasping what is here and now; "it is a kind of perceiving" (p. 11). Empathy posits being immediately as a perceived act and reaches its object directly without representation. As an experience of foreign (an other's) consciousness, Stein writes

Empathy in our strictly defined sense as the experience of foreign consciousness can only be the non-primordial experience which announces a primordial one. It is neither the primordial experience nor the "assumed" one. (p. 14)

Thus, empathy is a sui generis, a kind of act of perceiving. Empathy is an act which is primordial as present experience, though non-primordial in content. The content is an experience (a mood or feeling of the other) which arises before me all at once and faces me as object (Level/Modality 1). When I begin to inquire or try to bring to clear givenness to myself the implied tendencies observed, the content is not really an object;

I am turned to the object (experience) of the content (the experience, e.g., joy) and am at the subject (person) of the content (joy) in the original subject's (person's) place. Only after clarification is executed successfully (Level/Modality 2) does the content (experience, joy) again face me as an object (Level/Modality 3).

The PsychoPhysical Individual Self

In this way, empathic projection mediates and gains understanding of a manifest or sensed behaviour as the expression of an inner condition. For the reflecting glance to be directed toward an experience, this experience must assume the form of a specific "cogito". For example, to "objectify" an act of feeling one needs to make the transition from valuing, which is the primordial feeling of a value, to a value judgement. There is an inner perceptual and a value deception when secondary motives withdraw from the reflecting glance just as if they were not yet or no longer actual. This is the case when the subject has assumed empathic valuing from parents or society. Acknowledging this and other ways the process may falter, Stein demonstrated the progress to the constitution of the psycho-physical individual.

Empathy as the basis of intersubjective experience becomes the condition of possible knowledge of the existing outer world. Stein forms the beginning structure of a cognitive-value unity in the act of the psycho-physical individual. The I of experience is the unity of a stream of consciousness. The phenomenon of consciousness, that is, the turning to the "intentional object" of which the subject (the I) is conscious in its

stream of lived experience, is the basis for individuality. This means that it is "itself" (I myself) and no other, and that "selfness" is experienced as the basis of all that is "mine". It also makes "otherness" apparent in the type of givenness, that is, it is other than I.

The Spiritual Person

Thus, in experiencing subjects external to us, we know before us in our experiential world a psycho-physiological individual not given as a physical body but as a sensitive, living body belonging to an I; an I that senses, thinks, feels, and wills. It is itself the centre of orientation of a phenomenal world, faces this world and communicates with me. By acts of empathy we can investigate how whatever appears to us beyond the mere physical body, as given in outer perception, is constituted within consciousness. For example, the soul, as "the individual unity of the psyche" (p. 39), is a substantial unity with attributes related to the acuteness of our senses and the energy apparent in our conduct, in addition to the individualisation of the stream of consciousness. The outer perceptions of the lived body provide access to the experiences of the I and consciousness; to the sensing, perceiving, judging, and willing. Stein carefully delineates the experience, as opposed to mere knowledge, which results from application of the empathic processes, both in understanding the psycho-physical individual and, moving forward, in exploration of the disclosed spiritual dimension.

Summarising Stein's view of the psycho-physical individual, especially in relation to active and creative being, the individual's cognitive striving and cognitive

willing involve experiencing the value of the cognition and joy in the realised act. An expression of the person, the personality, is a unity based in experience and distinguished by rational laws. Goodness, the energy that one experiences in one's activities and readiness to make sacrifices are conceived as personal attributes of the soul of a spiritual subject. The personal attributes continue to retain their own nature in the context of their psycho-physical organisation and reveal their special position by standing outside the order of natural causality. "Action is always the creation of what is not"(p.56), and is experienced as proceeding meaningfully from the total structure of the person.

Thus, Stein's phenomenological analysis of empathy culminates in coming to knowledge of the spirit as the specific characteristic of person that grounds empathy, since only the person as spirit can go beyond the self and relate cognitively and affectively to others in the full sense of these varying relations. The further analysis of person as capable of theoretical acts that go beyond the sensuous, and of affective acts that demand spirit, focused on motivation in its manifestations as instincts, strivings, attitudes, moods, feelings, willing and acting. The freedom of the person in acts of will is maintained while acknowledging the complexity of influences of the outer and inner situation on the decision, resolution and execution of the will act. Determination by strongest motive and determinism on the basis of the principle of association are untenable in Stein's view of the acting person.

The person as a totality of qualitative particularity, that is, individual essence, is formed from a central core of three-fold oneness, a formation unfolded in body-

soul-spirit. As noted above, the soul has to do with the psychic life, that is, with constant and variable dispositions of a subjective consciousness. As substantial form, the soul is the principle of life and gives essence-determination to the being as man, that is as human being. Access to the soul is through the awake and conscious I myself, just as the sensuous life gives access to the body. As a result, the self can be viewed as object, while the soul appears to the I as substantial, having enduring characteristics, powers, or faculties capable of and in need of development, changing attitudes and activities.

The spirit has to do with objectifiable contents of intentional acts, that is, with thoughts, ends, values, and creative acts. The bearer of these acts is an individual person with a qualitative point of view, incarnating a unique spiritual value. This requires the recognition of autonomy and individuality of the person and also the recognition that every person is subject to general laws of nature and of psychic life. It is knowledge of these dimensions of person and related laws that affords the basis for a limited pre-vision, the eidetic possibilities of what can take place, not what must or will take place. The I has progressive awareness of spirit as having being in itself, being able to rise above itself in personal freedom, and take up a higher life in itself and into its spirit-activity. At this level, the one spiritual soul, in its innermost essence, underlies the development of all its powers. We understand the conscious and free I as based in and under the direction of the spirit. Free acts being the privileged realm of person, the spirit I is the living-spirit-person, the conscious, free I.



It should be noted that the source of these terms were those used in the psychology and in the phenomenology of the time. Perhaps, before the language became unavailable to describe the experience or phenomenon (Taylor, 1989). While she was brought up in a Jewish family, Stein was a declared atheist during her university years. Her work was a *bona fide*, highly acclaimed phenomenological study, which Max Scheler acknowledged as influential in his subsequent works. In the current existential and phenomenological language we speak of the embodied spirit-person or the inspirited person as terms for the physiopsychospiritual unity to which Stein had reasoned.

In a later stage of her life and philosophical development, Stein (1989b) extended her analysis of the relational and spiritual dimensions of the person. She used the same clear reasoning processes and determined by these alone, that it is without loss of freedom nor of individuality that the being of the person as three-fold unity is perfected in the person's relation to the Triune God.

In her study of The Woman, Stein (1989b) discerned a psychophysical constitution that she regarded as distinctively different from man's, both in spirit and will. For Stein, the purpose of education for formation in human personality is to develop powers of knowing, enjoying, and of creative making in order to image God's wisdom, goodness-beauty, and power. "Self-presence", living in the innermost part of our being, is necessary to be closest to the meaning of happenings in their wider relationships, to be open to the demands made on the I, and best prepared to assess their weight and significance for the development of the attributes of the person. She

believed the distinctiveness in the natures of women and men required that specific and excellent education was necessary to develop fully the powers of each.

It might be added that in Stein's later writings, the origin of personhood is God's incommunicable experience of Himself as imitable. The image and likeness is extended in relation as God's incommunicability grounds human uniqueness. This personal life does not equate with individualism. The person's unique expression of likeness to God is the source of freedom and dignity. The development of this freedom is the transcendent direction of personal realisation or actuation.

The relational concept of person as based in the relation to the Person of God is a viable and meaningful part of the experiential life of many individuals and has been a major area of study. Notable examples include the seminal writings of William James and the phenomenology of Eugene Gendlin (Shea, 1987).

Stein thought that this inner path to God and others opposes the isolation and lack of identity experienced by the individual due to the effects of social machinery and historical forces. In this she had a contemporary and in some respects a kindred spirit in the person of the French philosopher, Simone Weil. These effects and the phenomena and dynamics that produce them have occupied many writers who seek to articulate the needs of the human person (Weil, 1955) and who work to create means to counter these effects and re-establish the person in dignity. This insight into person as the ground of human identity in God is not habitual in human awareness. When present it forms the basis for exemplary lives, many hidden and some acknowledged, as evidenced by Ghandi and

Mother Teresa of Calcutta, and expressed in the focus of Simone Weil's life and writings (Winch, 1989; & Weil, 1951). These are individuals with extraordinarily personal and self identity. The influences on the development of identity for agency are pertinent for our purpose and are seen as part of the content and process of the nurse's education.

The Concept of Self Identity

Charles Taylor (1989, 1991) traces the philosophical expression of socio-historical events and dynamics that influence the identity and sense of self. He concludes that these influences have rendered some of the dimensions of person, notably the spiritual dimension, inarticulate in our time. In order to understand the interrelation of these concepts, Taylor's (1976; 1985) work on the development of self identity and human agency is discussed in the following section.

If, as proposed, the basis for speaking of an ethics of virtue, which claims that an agent's being is prior to his doing, lies in the nature of person possessing a self that is sufficient to take personal responsibility; then, the manner of the person's action must contribute to or fulfil his being and character. In addition to the discussion in Weiss' concept of privacy and Stein's view of the person, there are numbers of accounts of how one comes to be responsible (Schoeman, 1987; Reuscher, 1981) that could contribute to an educational program.

Articulating Strong Evaluations of Self-Being

Taylor (1976) has addressed the kind of responsibility that allows one to evaluate and shape the self, and which

is pertinent to McCabe's (1969) view of ethics as language. In Taylor's estimation, reflective evaluation of desires or objects in the weak sense of qualitative weighing of alternative preferred actions for the most satisfaction is not the type of evaluation that shapes the self. Rather, he maintains that the condition for strong evaluation exists

when in non-qualitative reflection one desired alternative is set aside ...[it is] only on grounds of its contingent incompatibility with a more desired alternative. (Taylor, 1976, p. 283)

When some desired end or object is evaluated in the strong sense, it is judged to be incompatible and not contingent with the evaluative vision of the valued action as part of a mode of life and the kind of person one aspires to be. Qualitative reflection, however, can be expressed in the language of evaluative distinctions, for example, courageous or cowardly. According to Taylor, it is this type of evaluation that **informs** and, upon articulation and action, **forms** the self as responsible. Although the agent as strong evaluator envisages alternatives defined by a qualitative characterisation of desires as higher and lower, noble or base, the evaluation is not "chosen" in the terms of a radical choice because of the paradox of dichotomous distinctions and the need for the pull of true alternatives in choice.

Strong evaluations are articulations rather than radical choice, in the sense that they are our attempts to formulate what is at first undeveloped, confused or badly formulated. "To give a certain articulation is to shape our sense of what we desire or what we hold important in a certain way" (Taylor, 1979, p. 295). In these attempts to formulate what we hold important, we strive to be faithful to a largely inarticulate sense of what is of

decisive importance. With the whole self, one is engaged in inspiration, evaluation, re-definition of refined articulations, and the self-resolution essential to identity.

An alignment with Weiss' view of epitomisations of the self and development of the *idios* can be seen in Taylor's articulations of the self in strong evaluations. The *idios* integrates and harmonises from among the distinctions and alternatives the higher and nobler, articulates the expression or epitomisation that best informs the self-evaluator of its non-contingent compatibility with one's mode of being and way of life; and forms by action the excellence of the self and self-identity as responsible. In the example of the ex-corpman nurse, envisaging the alternatives of acting, an articulation of strong evaluation might be: "To allow the person to die when I possess this skill is dishonourable (being overly ambitious for my own safety) and a wrongful violation of my nursing oath; to act to save his life is right and honourable action for the prepared, responsible professional nurse".

There are other arguments for the nature of the person and personal identity, non-reductionist views of the self, and responsibility. Haksar (1991) maintains that we do not have to accept the irrationalism of irreconcilable viewpoints in the relation between objective and subjective approaches. He argues for an indivisible self with unity of consciousness and continuity of personal identity that gives deep unity to our experience. Haksar gives consideration to the non-reductionist version of extension to a cosmic self view. In the cosmic self view, we are connected in a relevant sense that would tend to make us care for all sentient

beings and enable us to see ourselves in other people and so to care for others. He suggests the implications of this view in relation to the problem of evil and notions of justice and desert. Haksar recommends extending the reflective equilibrium method to include metaphysical and practical views in determining the fit between moral principles and our considered moral ethical judgements in specific cases. Goodness of fit would be determined on the basis of criteria of consistency, coherence, and comprehensiveness, in conjunction with James' principle of reasonable faith.

The concept of cosmic self and cosmic self responsibility is the view of personal identity for increasing numbers of individuals and their implications for moral practice and its evaluation extend globally and into outer space. When non-cognitivism or emotivism, that is, the assignment of value on the basis of needs, desires and feelings, tends to dominate critical reflection the problems addressed by the cosmic perspective tend to lack the immediacy of other moral ethical concerns. Persistence in the cosmic view as way or form of life requires moral vision and decisions on behalf of future persons.

The critique of this view lies in the extent to which utilitarian and consequentialist weighing and assignments of value in global or universal perspectives allow one to effectively determine "What am I to do now"? McNaughton (1988) contends that in cultural relativism the development of moral sensitivity to moral values is moral virtue. It is moral virtue in the practice of moral particularism for moral realism in search of moral truth. A perspective such as this requires full expression of self identity and great strength for

empathic appreciation of other.

The differing approaches and views of person and personal identity have implications for moral practice and its evaluations. Another factor to be considered is the influence of context within which the person adopts and develops this identity.

Influence of Modern Identity on Self Identity

Taylor (1989 & 1991) extended his analysis of the acquisition of self-identity to define the "modern identity" by describing its genesis and character and demonstrating its influence on the articulation of individual self identity. Taylor (1989) uses the term **modern identity** to designate

...the ensemble of (largely unarticulated) understandings of what it is to be a human agent: the sense of inwardness, freedom, individuality and being embedded in nature which are at home in the modern West. (p. ix)

His intent is to show how our philosophical thought, epistemology, philosophy of language--our very awareness has been shaped by the ideals and prohibitions of this identity. Modern understanding of the self has developed out of earlier pictures of human identity. The aspects of this modern understanding include: the sense of ourselves as beings with inner depths, that we are selves and value and affirm ordinary life, and the notion of nature as an inner moral source.

Taylor explores the facets of what it means, within the various strands of our modern notions, to be a **human agent**, a **person**, and a **self**. He undertakes, as a necessary part of this delineation, to demonstrate how pictures of the good and of morality have evolved as

inextricably intertwined with selfhood. His hope is that by enlarging the range of legitimate moral descriptions and bringing out richer background languages he can set the basis of and point of the moral obligations we acknowledge.

Taylor (1989) contends that the connections between senses of the self and moral vision, and between identity and the good have been obscured and we have partially lost the proper language to articulate them. Interestingly, this phenomenon has been reported as the felt and studied experience of nurses in relation to the spiritual dimension of care (Prophit, 1985, 1991; Carson, 1989; & Bradshaw, 1992). This reality is compounded by changes in health care delivery that restrict significantly the time that nurses have to respond to these needs of patients and family members.

The retrieval of self identity in the spiritual dimension requires that we use new articulations to express the fullness of self identity and to confront moral practice informed by moral philosophy that tends to

focus on what it is right to do rather than on what it is good to be, on defining the content of obligation rather than the nature of the good life; and ... has no conceptual place left for a notion of the good as the object of our love or allegiance or ... as the privileged focus of attention or will. (Taylor, 1989, p.3)

A dimension of our moral consciousness and beliefs, which is ignored altogether or dismissed as confused and irrelevant, according to Taylor, becomes a kind of background picture. As such, it is part of our spiritual nature and predicament which lies behind some of the moral and spiritual intuitions of our contemporaries. Rather than the moral beliefs and consciousness, it is their dismissal that now informs the moral intuitions.

These moral and spiritual intuitions go far beyond issues that have occupied our professional concern, such as respect for others' life, well being, dignity, and justice. In Taylor's view, they include "our sense of what underlies our own dignity, or questions about what makes our lives meaningful or fulfilling" (p.4). They involve the strong evaluations described above, which stand independent of our own desires or inclinations, and offer standards by which these can be judged. The potential conflict of the individual life with standards and codes becomes apparent in Taylor's appeal not to be described in terms of 'living a life not really worthwhile or fulfilling', since to do so is "to condemn me in the name of a standard, independent of my own tastes and desires, which I ought to acknowledge" (p.4).

This is an example of what is a root, a deep, intuition: the 'instinct' that receives its inseparable shape from what it is that commands our respect. For example, the human being is described as: creature of God, made in His Image, immortal soul, emanation of divine fire, thought in the mind of God from all eternity. The expressions are given reality in this time to the extent that human beings as rational agents are recognised and afforded dignity that transcends any other being, indicating that these characterisations are such that we owe them respect. We deny crucial description to those who lack the qualities deemed to "a life worth living".

A response or moral reaction to such claims or descriptions is an ascent to an affirmation of a given ontology of the human. Ontological accounts offer themselves as correct articulations of our 'gut' reactions of respect, acknowledging that there is or is not something there to articulate. Taylor claims that we

should treat deepest moral instincts, such as our ineradicable sense that human life is to be respected, as our mode of access to the world in which ontological claims are discernible and can be rationally argued about and sifted.

What is articulated as we make sense of our responses is the background we assume and draw upon in any claim to rightness. We may be forced to spell out our valuing to defend our responses as the "right" ones. An example of this would be the nurse's 'making sense' of their creative heroic modes of response to challenges of basic needs care for patient populations who are at risk, such as patients with dementia (Norberg, 1980, 1982). This articulation can be very difficult and controversial. For example, the articulation of the right and good in feeding dementia patients may not include and may not do good or right for the larger view of socio-economic well being (Griffin, 1988). Beyond differences in source of appeal for one's account, for example, the theistic or secular, articulating any particular person's account can be subject to controversy, and this becomes part of the burden of the responsible self.

According to Taylor, there is a great deal of "motivated suppression" of moral ontology among contemporaries partly because of the pluralistic nature of modern society and the naturalist version of epistemology. If we are to advance articulations of moral ontology, we will need ways to educate nurses for moral thinking and moral ethical agency.

Taylor depicts moral thinking as making discriminations along dimensions of moral life. One axis of moral life, respect for life, may place and give salience to freedom

and self-control. This dimension would place high priority on avoiding suffering, and see productive activity and family life as central to our well-being. This writer is convinced that the emerging realities of modern life will result in the insistence on a concept of well-being articulated in the broader range of its application as political, bureaucratic and ecological well-being (Griffin, 1988). This is an area requiring careful consideration, since these areas of life are in varying degrees inseparable from health and well-being of individuals. This viewpoint is not sufficiently reflected in nursing curricula even though the components may be addressed individually.

Along the axis, respect for others, the evaluations relate to how I am going to live my life, what kind of life is worth living, and what kind of life would fulfil the promise implicit in my particular talents or the demands incumbent on someone with my endowment.

The concern with dignity axis deals with commanding or failing to command active respect of others, that is, the attitudinal respect of those around us. This requires that one deal with the issue of the nature of one's dignity in response to the question: "In what does my dignity consist"? This is a very important component of the notion of personal self identity and creative agency. It points to the need for the kind of deep insight discussed above.

A critique of Taylor's development of this axis might be the omission of the giving of due respect to others, however, it may be adequately developed as a component of the respect for others axis. Taylor expresses the view that the articulation of concern with one's dignity is no

more avoidable than the issues of why we ought to respect other's rights or of what makes a full, worthwhile life.

Our dignity is woven integrally into our comportment and presentation or articulation of self, in Weiss' term, into our epitomisations. This sense of self and dignity is shaped from our earliest moments by our awareness that we appear before others in public space, potentially open to respect or contempt, pride or shame (Doi, 1966, 1977; Morris, 1971; Williams, 1993). The relation of these experiences and expressions of self are discussed in Chapter Four as facilitators or inhibitors to agency and its actuation in the form, style, and way of life.

A good test for whether an evaluation is "strong" in Taylor's sense is whether it can be the basis for attitudes of admiration and contempt. This estimation would be that of the individual self in conscious relation to his or her view of the good to be, the nature of the good life, and the good to be done. One can extend this view to state that at a lesser level than this concept of good, the individual is indicating mindless, heartless preferences of the physical self and not those of the inspirited or spiritual person. This is close to Aquinas' (1945) distinction of human acts and act of man. It is the latter that marks the moral ethical person.

Taylor's concern is to move our ethics from inarticulacy to enhanced awareness of the factors and facets that are actually informing and forming implicit ways of being as well as acting. These include language, culture, historical development, nationalism, belief, and religion, among others. These elements have progressed to give a distinctive modern identity, not just as

background, but as operative in the framework of one's being and acting.

An example of a nationalistic identity in American culture is the value, language and moral life choices and modes of being associated with individualism. This was substantiated in the major multidisciplinary study reported under the title Habits of the Heart (Bellah, et al, 1985). Individualism and independence were found to be negatively associated with commitment.

The call to recognition and inclusion of these elements in the framework of self identity and agency, is a call to a higher, fuller, deeper, more admirable basis for incomparable links to strong evaluative choices. The goods or ends of higher worth, which command our awe or respect and stand independently of our own desires, inclination or choices, function as standards by which the desires, inclinations or choices are judged. This is a partial remedy for the problems associated with the non-cognitivist/emotivist approach to valuing discussed earlier. Taylor's contribution is to identify connections among our notions of the good, our understandings of self, the articulations or kinds of narrative in which we make sense of and give meaning to our life, and the social or community aspect of agency.

In summary, what it means to be a human agent among human agents is the important focus of an adequate preparation of the professional nurse. The conflicts and challenges to modern identity include: the emphasis on inwardness, subjectivity, personal resonance, and self-realisation, along with the loss of a publicly accessible and agreed cosmic order of meanings. The disengaged individual in an instrumental society contends against public and

community ends and their associated goods and moral standards. Taylor claims that the affirmation of ordinary life, which is a strong sense or need to control objectivity, and the importance that is put on avoiding suffering, are two factors that colour the whole modern understanding of what it is to truly respect human life, integrity and autonomy.

In the manifestations of modernism, our epiphanies of agency will be enacted amid a growing emphasis on subjectivity and relativism, running concurrently with a stronger thrust to objectivity in scientific and technological progress. To link these dichotomous elements (Kim, 1993) the preparation of the professional nurse may require basic modes of reflection and narrative, poetry and art, which will themselves be changed in their reflective response and practice.

Identity as Articulating the Self Narrative

The view that an action is always an episode in a possible history, by characters in enacted narratives is shared by MacIntyre (1985), Hauerwas (1985) and Ricoeur (Kemp & Rasmussen, 1989) among others. The narrative concept of selfhood requires that being is the subject of the living out of a story that runs from birth to death, is one's own and no one else's, and that one be accountable to give an intelligible narrative of a self differently characterised at different times and places in the actions and experiences described. Personal identity is "just that identity presupposed by the unity of the character which the unity of a narrative requires" (p. 218). Being accountable for one's narrative selfhood and seeking and appreciating others' account of their stories can enhance professional identity and practice.

In the following chapter the telos of moral agency and the concepts of person and personal identity are carried forward in further discussion of the internal conditions for agency, which include the nature of virtue and the relation of virtue to practise. The relation of virtues and values to moral agency and the articulation of goods internal to nursing practice are presented. The influence of consensus and values discernment processes on individual and corporate agency and accountability presents new challenges in practice. Enlightened, creative attention is urged for the moral issues of rule subversion (Hutchinson, 1990 & Munhall, 1990), accountability (Snowdon & Rajacich, 1993) and employment risks to ethical decisions (Barnett, 1993).

CHAPTER FOUR

THE RELATION OF VIRTUES AND VALUES TO PRACTICE AND MORAL AGENCY

Dimensions of the person, self, and the I have been identified as the ground or basis for enabling self identity to support commitment and creativity, and as locus of rights and claims to be exercised in autonomy and responsibility. The central concern in the following sections is the discussion of ways in which this identity is enacted and effected in practice. Challenges in practice, pluralism in moral views and growing emphasis on consensus, suggest the need for a stronger method of recognising and representing the values that underlie practice. The virtues, as qualities or dispositions of being are one means of actuation of agency in practice.

Conceptualisations of Virtue and Values

The exercise of virtue, arete, in the Greek accounts, exhibits qualities of excellence required for a social role, in area of social practice, or human activity. Aristotle describes virtue as

a characteristic involving choice, and its consists in observing the mean relative to the us, a mean which is defined by a rational principle, such as a man of practical wisdom would use to determine it. (Nichomachean Ethics, 1106b35-37)

Aquinas adds to the concept of excellence and choice in defining virtue as "a certain perfection of power" (Summa Theologica, I-II,55,1). Acting rightly is applying practical rationality and acting in accord with human excellences (the virtues). This generates a substantive

account of the ideal life and modes of action that will direct or guide to the best life. Such virtues as wisdom, courage, temperance, industry, charity, and justice are part of a person's living a good life as a whole. The good as penetrated thoroughly by right makes prudence part of a whole in which it is subordinated to morality. Prudence is placed as both a moral and intellectual virtue.

The nature and role of the virtues is a neglected aspect of development in ethics education in nursing. The thesis proposed is that the virtues, as habits of being and operative components of character, have an important role in human agency and especially in moral ethical practice of the moral ideals of the profession.

Virtue as Character

Palmour (1984, 1986) and Sherman (1991) address virtue from within Aristotle's theory of ethics, focusing on virtue as character. Sherman is particularly concerned with the acquisition and moral habituation of virtue in the formation of character. The integration of the different ends of character, their refinement and assessment, and judgement of what is the best and finest to do are the contributions of practical reason.

Four aspects of practical reason as concerned with character are included in Sherman's analysis: moral perception, choice-making, collaboration, and development of these capacities within moral education. Since "To have character requires the integration of different ends and interests in a unified life over time" (p. 6), Sherman notes that moral perception involves a range of deliberations which are more complex than the practical syllogism.

Deliberation may not ensue in immediate action, but be a present or future intention to act. **Choice-making** will be not simply a linear process of promoting the means to single ends, but a process of promoting ends in light of other ends. In this pursuit, overall fit and mutual adjustment of ends will be as important as efficiency. Choices of specifying the constituents of the highest good are made by the individual virtuous agent. This requires familiarity with the particular circumstances, that is, recognising things of all the relevant specific types.

Ethical sensitivity is appropriately deploying ethical concepts in relation to ethically salient perceptions. This would be a higher level of development of the agent, as would choices of desires, plans and actions, the 'best' among means and ends, and promotion of ends in a way of acting or living. An example of this kind of sensitivity is apparent in Hall's (1986) developmental model of goals and means values in relation to elements of consciousness discussed later in this chapter. (See Appendix II.)

The **collaborative** dimension mediates the perceptual and deliberative aspects of practical reason. Virtuous agents conceive of their well being as including the well being of others. They benefit each other and design together a common good--the shared life and resources for its promotion. The current emphasis on the promotion of health and well-being in nursing practice and the specialty associations for improvement of practice and practitioners are appropriate examples of this dimension. The notion of well-being has broader applications (Griffin, 1988) in the practice of nurse health policy analysts and advocates, who are concerned with legislation for socioeconomic support and issue of wider influence on community health.

Moral education involves the engagement of cognitive capacities, in the shaping of desires through perception, belief and intention. The developmental account involves the cultivation of the perceptual and deliberative capacities, and to a different extent and degree, in acquiring character and in acting from character. This process is effected and enhanced by the operations of practical reason, pleasure, and desire. While Sherman's application is focused on the education of the young, there are elements in the habituation of character which can be identified as important in applicants to the profession of nursing and those to be strengthened in application in later development, for example, re-forming emotional intentionality and appreciation of desires. Intellectual delight and discovery as a focus of higher education can be linked to the salience of particulars. This can be an important component in the use of literature and art in teaching moral concepts. Seeing aright, making choices, and critical practice, with stabilization through repetition of acts and novelty in experience of full actuality (Simon, 1986), are aspects of habituation that are also essential modes of professional education.

Palmour (1986) gives practical applications for addressing painful things and vices that limit freedom by demonstrating the dynamics of the appropriate virtue as remedy. This pattern is an important aspect of traditions related education (Hays, 1994). Nurse educators can appreciate that the nurse has a dual benefit in adopting this virtues approach in addressing both personal painful areas and patient care problems.

Virtue as Knowledge and Self-Determination

Even more focused on the educational implications of

virtues, Carr (1991) defends an approach to education that is based upon promotion of virtues. Combining the perspectives of moral philosophy and social science, Carr maintains that the primary role of practical reason is to establish the basic aims of moral life. Through education and socialization, the concern is to apply control and restraint to negative aspects of aggression and deviance, and to cultivate positive aspects for altruism and benevolence as these are manifest in a complex manner in the individual and society. Two central ideas in Carr's presentation are that virtue may be explained largely in terms of self-control and that all genuine virtues have the character of other-regarding obligations. Highlighting the latter of these notions of virtue makes a productive link to practice applications as one deals with the skepticism and pluralism confronting moral life. Learning moral practice within a tradition (MacIntyre, 1985) has been a distinct presence in the educational options of most countries. The context and tradition are part of the moral community (Hays, 1994). Dispute and intelligible disagreement have the role of differentiating the real from the counterfeit. This discriminating skill will be an important dimension of nurse preparation. Palmour (1986) intends the use of decision trees to assist with development of this necessary skill and as a result build leadership potential in the learners.

In addition to the concept of virtue as character, discussed above, Carr addresses virtue as knowledge and self-determination. To know the concept or form of a virtue is to have the expression or aspect of wise or judicial reflection; the proper exercise of reason regarding the good is a true knowledge naturally exhibited or expressed in the moral virtues. This knowledge is of a better way to act.

A later development in the concept of virtue and individual morality is that of self-determination by a rational and free agent developing one's self-interest while respecting that others have the same obligation. Individual and social contracts are engaged to extend rational self determination. Judgement and interpretation are the result of organisation of sensory and empirical perceptions by the self, viewed as an agency or capacity for determining their significance to multiple experiences. Imperatives to act as one ought, as responsible and therefore praise- or blame-worthy, are expressions of the rational autonomy of the self-determined agent.

In summarisation of these components of the concept of virtue, moral virtue is characterised as a pervasive, unifying stance which is an integral part of a person's fulfilment as a human being. Moral virtues either exist in the will, are dispositions of the will, or they are moral virtues insofar as they are dispositions of powers, abilities, faculties controlled by the will. Virtue influences one's being in each and every situation, especially in moral actions with other human beings, where it helps to promote fulfilment in a shared life.

An excellence or habit of being that allowed or caused a thing to be performed well appears to be an essential component of the being as moral agent. According to Hauerwas (1985), there is little agreement on the significance that virtues ought to have in accounts of morality, how they should be understood, or how they are acquired. A partial reason given for this lack of agreement is that discussions of virtue or character involve analysis of the nature of the self or person. He wrote

An ethic of virtue centres on the claim that an

agent's being is prior to his doing [emphasis added]... what a person does or does not do depends upon his possessing a 'self' sufficient to take personal responsibility for his actions. (Hauerwas, 1985, p. 119)

Hauerwas suggests that the self is formed by tradition and its correlative virtues and that this is sufficient to interpret our behaviours truthfully. One may argue that while the values of a particular tradition are so formed, the self, as possessing the virtues to enact them, may be less readily perceived and or developed in personal agency. This highlights the basis for the earlier discussion of a non-reductionist approach to the person and self, and the need to specifically address this content in education and practice.

Virtue as Inherent to Practice

MacIntyre (1985) elaborates a core concept of virtue in three stages of logically-ordered development: the analysis of a practice, the narrative order of a single human life and moral tradition. The first addresses virtues as qualities necessary to achieve the goods internal to a practice; the second considers virtues as qualities contributing to the whole life of the person; and the third relates virtues to the pursuit of a good for human beings within a social tradition which provides the conception of the good, its elaboration and possession.

In an earlier article, which focused on patients as agents, MacIntyre (1977) wrote that the flourishing of any form of practice requires a shared vision of the goods internal to that practice. This shared vision includes beliefs about the procedures necessary to achieve these goods, and about the allocation of roles and rights within the practice which are necessary to sustain procedures and achieve goods. Finally, in MacIntyre's view, there should be

shared acceptance of the constraints necessary if the practice is not to be subverted by the pull of those external goods which often derive from successful practice: power, money and fame.

The Concept of Practice

Later, MacIntyre (1985) formalised the conceptual background of a practice to mean

...any coherent and complex form of socially established cooperative human activity through which goods internal to that form of activity are realized in the course of trying to achieve those standards of excellence which are appropriate to, and partially definitive of, that form of activity, with the result that human powers to achieve excellence, and human conceptions of the ends and goods involved, are systematically extended. (p. 187)

As distinct from acts performed singularly with skill (*techne*), the range of practices in the sense of this definition is wide, including arts, sciences, games and politics. Indeed, the full range of interrelated well-being (Griffin, 1988) may extend the goods and measure of health care practice and value.

That a practice is distinct from acts performed singularly with skill is a sufficiently important concept for emphasis, because nursing practice has sometimes been viewed precisely as the skill with which singular acts or processes are performed. In their concern to develop committive and creative moral agency, professional nurse educators and practitioners need to analyse nursing as practice, moving from ordinary, unexamined usage of the term to studied, conscious advancement of the essential elements defined by MacIntyre and others.

A phenomenological description of nursing in its practical, moral and personal sense, places nursing as an instrumental, human science of active, collaborative agents

improving the practice of health care maintenance and promotion through communication (Bishop & Scudder, 1990). Statements of the **moral sense** of nursing were found to be indefinite and uncertain in the literature during the period of shift to the cure emphasis under the medical model of nursing practice. A return to statements of 'helpfulness' and a care emphasis were identified in nurses' responses using a phenomenological procedure. The personal sense of nursing is integrally related to the moral sense and primarily concerns the relationships among caregivers and patients. In these relationships, a personal sense involves intersubjective presence of the nurse as person to the whole person/patient in a structured and purposive relationship. For example, the persons interact in a dialogue as a 'we' for mutual planning for care. The authors felt that the professional and moral sense of being a nurse converge in a practice which integrates personal and professional care.

As a further guide to the analysis of practice, MacIntyre (1985) elaborated on the notion of goods internal to a practice as involving those goods which can be achieved only by engaging in some particular kind of practice. In addition, these goods are only identified or recognised through the experience of participating in the practice; those lacking the relevant experience are incompetent as judges of internal goods. Those outside the profession of nursing cannot determine or judge the goods internal to nursing practice. In the application of these ideas to nursing practice, this writer can recognise as internal goods the achievement of critical/analytical thinking (through assessment and nursing diagnosis skills, and research of patient outcomes of nursing interventions), and strategic imagination (by design of nursing care interventions, successfully negotiated and evaluated). The

achievement of understanding of the patient as person (by empathic acts); of existential advocacy (by caring and articulating skills on behalf of the vulnerable patient or victim); and of educating, eliciting health from within the person (by inspiring and transformations of therapeutic insights) are goods inherent to the practice of nursing. Having experienced and derived these goods in practice, this nurse educator/author can articulate them as part of the tradition into which new nurses are socialized.

These and other goods internal to the practice are a set of reasons for ongoing efforts to excel in the varying dimensions of the nursing process and profession. To avoid the practice, or fail to try to excel, is to cheat oneself of the goods internal to nursing practice. To be denied the opportunity to practice nursing in the form essential to the activity, or to be required to practice under conditions that restrict the standards of excellence appropriate to, or definitive of, nursing practice, is to be denied the goods internal to the practice. This is true even though the goods externally and contingently attached to the nursing work performed (such as salary, status, and recognition) may be achieved. The achievement of external goods can be attained by engaging in some other particular kind of practice.

Goods internal to the practice are not only necessary for furtherance of personal excellence, but also extend systematically the society's conceptions of the ends and goods involved in the form of practice, as noted in the definition above. Those with advanced experience, who are competent to judge, can specify and extend previous levels of excellence, and articulate new standards and ends for the practice. Further describing the nature of practice, MacIntyre continues

A practice involves standards of excellence and obedience to rules as well as the achievement of goods. To enter into a practice is to accept the authority of those standards and the inadequacy of my own performance as judged by them. It is to subject my own attitudes, choices, preferences and tastes to the standards which currently and partially define the practice. (p. 190)

In a practice, what determines the value and standard is complex. The value may be related to achieving an end (telos), and also the related notion of achieving a good or a perfect (teleios) life. The latter is part of the value in consideration of practice as a form of life, which relates also to moral ideal and agency (Cua, 1978). Prudential values, informed appreciation of the nature of the object and objectives, are reasons for and may be used to judge actions. A person's attachments, aims, plans; for example, a nurse's attempts to elicit health behaviours or transforming responses to situations, are values in process. Our various particular ends are the values, and these are not valuable merely because they cause, produce, are sources of, or bring about effect; that is, because they have utility.

Value in a basic needs account is normative, and terms such as health may be indeterminate and difficult to measure as specific outcomes in a utility model of value. The rights and claims of the person give value also to much of practice. What is right or wrong to do in the face of rights and claims can become, in the utility model, a weighing and trumping of values or of moral reasons over prudential reasons. These considerations were apparent in recent cases of separation of Siamese twins and the required care to both patients and families. The social and scientific communities expressed needs, rights and claims as well, some in the form of informed desires. No assumptions can be made about what the structure of

informed desire will turn out to be and this may vary with time.

Part of the values domain in dimensions of nursing practice are those things that enhance the nurse's own well-being. This would include, but not be limited to, the goods internal to practice. Nurses' analysis of a theory of value and attempts to stipulate valuing criteria are part of the articulation of moral practice and standards.

In relation to the values domain and goods internal to practice, it is helpful to return also to the concept of virtue. MacIntyre (1985) links the attainment of the goods inherent to practice with virtue. He explains

A virtue is an acquired human quality the possession and exercise of which tends to enable us to achieve those goods which are inherent to practices and the lack of which effectively prevents us from achieving any such goods. (p. 191)

Inherent in the concept of a practice is that its goods can only be achieved by obedience to rules, and the acceptance of the authority of standards of excellence in judgement of the adequacy of one's own performance. This obviates a purely subjectivist and emotivist analysis of judgement, but does not necessarily pre-empt moral creativity in the prospective development of new principles or rules and advancement of standards of excellence. Obedience to rules and acceptance of the authority of standards of excellence for the practice does require a certain kind of relationship between those who participate in the practice, as well as the crucial distinction between a practice and an organisation for the performance or delivery of the practice. Institutionally-controlled and economics-driven delivery of care restrictions, and practice models should be addressed through resolutions at the level of professional associations.

All practices, all traditions, are borne by organisations in some form. This reality imposes a set of problems involving the relevant form of practice and its authority vis-a-vis the authority within the organisation.

MacIntyre (1985) states

The history of a practice in our time is generally and characteristically embedded in and made intelligible in terms of the larger and longer histories of a number of traditions. (p. 221)

It is the exercise or lack of exercise of the relevant virtues, MacIntyre claims, which sustains and strengthens or weakens and destroys traditions. He continues

The virtues find their point and purpose not only in sustaining those relationships necessary if the variety of goods internal to practices are to be achieved and not only in sustaining the form of an individual life in which that individual may seek out his or her good as the good of his or her whole life, but also in sustaining those traditions which provide both practices and individual lives with their necessary historical context. (p. 223)

Some of the criticisms leveled against MacIntyre's concept of virtues as inherent in a practice and of morality as practice-based in a practice tradition include that he: gives central place to the virtues as the criteria for acting well rather than to general rules or abstract principles; places the virtues as central to various practices of one's life, as constitutive of the context of that life; and places the practice or practices within a tradition or set of traditions. The consequences ascribed to these emphases are lack of the broader social context of one's life and reduction of MacIntyre's moral theory to widening or restrictive circles of one's standards of rationality, which are crucial to moral deliberation and action. (Horton & Mendus, 1994). Further, it has been perceived that the emphasis on the goal or telos and its personal identity component refocuses from the good for man as linked to the nature of one's society. MacIntyre's emphasis on the self narrative as a need and means to know who and how I am as essential to answer "What am I to do"?;

has been critiqued as removing the regard for the self as essentially or ideally a decider and chooser. Taylor (1994) raises questions for clarification of the meta-ethic of the fact/value split in MacIntyre's work, in order to retain the moral vision of free and rational agency. Taylor uses the distinction of substantive notions of ethics and procedural notions of ethics to affirm the modern notion of freedom as rule based. Other authors have commented on MacIntyre's mistrust of modernity and deepening emphases on tradition.

This thesis, in the scope of included perspectives, has attempted to avoid the critical points that Miller (1994) raises to challenge MacIntyre's view by stating that practices must be purposive and not self-contained. This writer allots importance to the contexts of modernity as external influences and to non-practitioners' evaluations of practice in relation to aspects of its social context, though not of the internal practice and its goods. The later seems logically to require an educated, active, experienced and committed member of the profession and tradition of the practice.

The collection of criticisms with MacIntyre's own partial response MacIntyre (1994) is an excellent resource tool for nurse philosophers and faculty members who wish to use this dialogue to improve understanding of positions and issues.

Lack of the relevant intellectual virtues or the virtues of justice, truthfulness, courage, and other such virtues, corrupts traditions and the institutions and practices that are the contemporary embodiments of these traditions and which derive life from them. Indeterminant and changing views of what constitutes a virtuous act in a particular

circumstance and setting has raised issues of consensus in social and institutional practice (Tong, 1991).

Virtue by Consensus

In relation to the corporate professional and institutional challenges requiring moral creativity, and the climate of pluralism and relativism, a theory of virtue, virtue by consensus, proposed by Hope (1989) needs consideration. Cognitivist and subjectivist views have implications to the notion of moral sense and other aspects of moral philosophy. The moral viewpoint, as the stance from which judgements are made, is in a sense an artificial and conventional way of looking at human behaviour, which is adopted to make judgements by a common standard. Moral judgement tacitly refers to a shared vantage point of critical assessment. Hope (1989) explains

The consensus theory is that morality necessarily implies that perception of certain kinds of good and bad is shared: to make a moral judgement is necessarily to judge that something does or does not satisfy a collective taste. (p.9)

In this synthesis, the singular basis of a person's rights is the respect that person would similarly show for the rights of others. Any obligations, legal or informal depend on a certain kind of fairness, as well as on psychological conditions created by an expectation on someone's part that someone else will act on his behalf or blame. Moral knowledge is possible because the relevant good can be known through pleasure; that is, what satisfies moral "desire for fairness and justice for their own sake" (p. 158). From a character of fair mindedness, there would be a sympathy with one's own view of acting fairly; "the moral purpose of acting well is to do for another what he would himself do for another" (p. 118). In practice, this resembles the anchoring method of determining ones likely behaviour.

A virtue is a good and is a contributory good. Moral virtues contribute to moral good, can only be exercised morally, and only those with moral virtue can be called virtuous.

What makes a person more virtuous is greater moral ability, that is, the ability to do what he morally ought, from deeper insight or stronger determination. To have moral virtue, then, means that one knows what is morally right and will do it, if necessary, by overcoming external obstacles and internal fears and temptations. (Hope, 1989, p. 145)

To say someone is virtuous in Hope's vision, means that the person has a character with which the fair-minded, including oneself, are in sympathy. Two evidences of worthiness are how a person actually treats others and the sincerity of his moral beliefs. To be morally guilty, one has to be in a way that is offensive to some real person who expects one to act decently or be penalized. Correspondingly, to be virtuous one has to do what is recognisable as praiseworthy by some real person who holds one accountable for acting fairly. "Great virtue" uses the principle of fairness, but goes beyond fairness in circumstances of exceptional difficulty. With reference to heroism and creativity, (which are discussed in the following chapter both as guide for practice and in recognition of exemplary nurses) in such circumstances, Hope writes

With unusual insight or determination or generosity it [great virtue] extends a principle of fairness where lesser virtue would not. In such cases virtue aims at creating virtue or inspiring a sense of justice, calling on people to make the effort to become as decent as they can. (p. 146)

For Hope, moral knowledge and judgements of the good can come only from desiring it and having such desire satisfied. In making these determinations, good and bad are not contraries except in special circumstances. He claims that a thing can be good and bad and for the very same quality.

If the intrinsic reason for doing what is right is to

If the intrinsic reason for doing what is right is to treat well and avoid abusing those who themselves would do likewise, then the ultimate aim of morality is to serve people who recognise each other's worth. (Hope, 1989, p.160).

This statement conveys the kind of shift in focus and value that resembles Casey's (1991) invitations to let go of our "prejudices", to re-view the notions of values and virtues derived from Christian consideration in order to recognise the extent to which our very confused system of values reveals the we are "pagans" in ethics, valuing "pagan" virtues (Casey, 1991). These, he claims, are more ingrained than we suspect and are important for our contemporary understanding of our complicated inheritance; concluding that, from the expressions of these virtues in literature, we are committed to an impossible attempt to reconcile discordant elements in the Christian view of virtues.

It could be argued that the retention, admixture or return to pagan ideas or values is the source of incompatible views. Increasingly, efforts to reconcile the discordant elements are based on consensus. While Hope's statements may seem a rather surprising view of virtue, the theory of virtue by consensus could become potentially influential given the difficulties related to consensus. Issues related to the dynamics, epistemology and ethics of consensus have accompanied the development of ethics committees and consensus development conferences for research and practice decisions in biomedical technologies (Moreno, 1990; Tong, 1991). Because of the implications for the autonomy and commitment of the moral agent, it is important to discuss these issues affecting practice.

Consensus in Practice

Jennings (1991) calls consensus the Philoctetes of moral philosophy; the concept, like his bow is hard to live

without and like his wound, is hard to embrace. Consensus has practical importance when moral decision making is subject to bureaucratic organisation and oversight, and theoretical interest for those who reject ethical realism and frame ethics as a practice of discourse rather than a body of objective knowledge. Both of these reasons for increased importance of consensus are present in the current paradigm shift in ethical theory and in a social restructuring of moral practice in medical and professional settings. This has resulted in ethical choice and agency being embedded more than ever before in a network of explicit rules and formal procedures.

Two common and influential ways of conceptualising moral consensus that Jennings faults are pluralistic consensus and overlapping consensus. Pluralistic consensus describes "a purely procedural notion in which consensus is seen to be that which emerges out of a process of debate and multiple veto points by affected, self-interested parties" (Jennings, 1991, p. 448).

The difficulties relate to the extent to which the formal requirements are met. These include free and open debate, by those of equal power and respect, in order to minimize tacit consent. Another problem is the lack of any notion of the transformation of the prior and independent outlooks of the self-interested participants. Discourse is not the medium through which the intentions and purposes of moral agency and self-identity can be constituted.

The notion of virtual or **overlapping consensus** is "that which is arrived at by analytically abstracting from actually existing moral conflicts and disagreements" (p.448) to derive an area of minimal common agreement. The problem associated with this model is that rather than a

robust practice of deliberation that works through and resolves moral conflict and disagreement, moral agents are to abstract and bracket their differences and search for some lowest common denominator of agreement.

Jennings (1991) maintains that

an adequate concept of consensus should not simply seek to **discover** common ground, which might already preexist, but must also strive to create common ground anew. (p. 458)

This view of consensus requires placing moral agents in a practice informed by a common sense of what their problems are, and a practice that transforms the consciousness of moral agents from particularistic self-concern into a **sense of what they have in common**.

The consensus has moral authority or weight according to the extent that the formal requirements are met. This includes the proper setting and rules for deliberations that are honest, factually well-informed, rule-governed and fair. "Consensus in the strongest sense of the term happens only when it is seen as a common good to be created" (Jennings, 1991, p. 461). Exercising moral agency as a member of a moral community determining the good to be created, the nurse gains a new sense of his or her own identity as moral agent.

Preparation of the nurse to function as moral agent in consensus committee work would include understanding of the distinction between consensus as **product** and as **process** (Moreno, 1990). To understand consensus as a process

...consensus should not be thought of as a goal of ethical deliberation but, more broadly as a condition for successful resolution of a controversy. The consensus itself [product] is at one from the substantive discussion, for in order to know if consensus has been reached the group as a whole must step back from the discussion it has just pursued and inspect the group process. Put another way, the conclusion of a group's deliberation is distinct, both logically and psychologically, from the group's

collective awareness that it has reached a conclusion. 'Consensus' is literally the sense that the group shares, it is the way the group perceives in common its own interactive situation. (Moreno, 1990, p. 15)

Whether consensus is understood as a product or process, Tong (1991) cautions that the ability to reach so called 'consensus' does not, in and of itself, transform a group of experts into a group of "moral authorities". If consensus is understood as a product--the agreed upon conclusions of a group's deliberations--she reminds us to recall that just because the conclusions are agreed upon does not mean that they are right. This is true because individual and group dynamics can preclude the right information and/or true consensus. If consensus is understood as process--the creation of a climate in which people can deliberate together--a group of people capable of creating their own consensus should do so rather than simply acquiesce to the solutions of another group or committee, since the other committee would be discussing their ethical dilemma not as a lived experience but as a vicarious experience. The latter situation presents challenges beyond those which already confront empathic understanding, and reemphasises the necessity for clearer understanding of its dynamics and use as described in Stein's (1986a) analysis.

Because of the trend to move in the direction of greater deference to the authority of expertise, Tong (1991) is concerned that decision makers are increasingly impressed by the ability of any group to come to consensus. They are increasingly willing to believe that they may not have what it takes to make their own moral decisions. This is compounded by critics who question not only the ability of decision makers to sort through a moral dilemma, but also their good-faith willingness to do so.

Tong concludes that there are ample reasons to become more clear on the nature of ethics and consensus groups as having consultative function with educative, information-delivery and policy-making roles. Conversely, these groups should refuse to let themselves be used as definitive authorities and de-emphasise their case review and standard-setting roles.

In keeping with these conclusions, Tong recommends the development of an **ethics of persuasion**, having in mind that while we may attempt to convince some people to change their behaviour, we may never force or compel them to do so as this would disempower them, depriving them of their sense of and right to autonomy. Experts may give assistance to help 'non-experts', whose perception of the situation is the most immediate, to perceive what they need to perceive to make their own decisions. The professional nurse schooled in the articulation of specific, experience-related principles that guide personal identity evaluations can exercise this agency as a vital contributor to the process and product of these deliberations.

This is an important effort because Tong (1991) notes a disturbing tendency to use a group's consensus as a substitute for an individual's own moral deliberations and perceptions. She examines how decision makers do make use of experts' findings and discusses how decision makers should make use of them. The latter she considers by raising the epistemological question of whether the 'experts' are really experts or merely a disparate group of individuals assembled to satisfy the requirements of a complex political agenda. Next, she asks whether the authority of those who are really experts flows only from their accumulated knowledge or also from their demonstrated ability to achieve so-called 'consensus' under conditions

of uncertainty. That is, one should attempt to distinguish whether the authority is simply epistemological or if it is also ethical. Further, if the 'experts' have both epistemological and ethical authority, what are the limits of these authorities. These are regarded as crucial questions because if it is a problem in a political society for citizens to proxy away their decision-making power to experts, is it not as serious, or even a more serious problem in an ethical community for moral agents to do the same thing?

Tong's estimation is that often *bona fide* experts do represent specific interest groups and that their factual recommendations are not value-free. She notes that many lament the fact that hospital ethics committees and consensus development conferences, such as those by the National Institutes of Health in the United States and the Department of Health in the United Kingdom, do not place decision makers under obligation to defer to the experts. Under the advocacy for reliance on the collective wisdom of these expert bodies, there is a tendency for decision makers to increasingly move in the direction of obligating themselves to defer to the experts' advice. Tong argues

...when it comes to the experts' distinctively ethical advice, decision makers should not defer to it simply because it 'belongs' to the experts. Rather decision makers should think the experts' ethical advice through for themselves, accepting it only if it fits their own reasoned moral point of view. **Second-hand ethics is no substitute for first-hand ethics in a community of equally autonomous moral agents.** [Emphasis added] (p. 415)

This is apparent in the experts dealing with factual recommendations associated with risk, safety, and efficacy since these are concepts in which facts and value merge. The subjective, intimately personal factor in risk acceptability moves the application of abstract thought to the faces and real life situations of persons.

Tong asserts

Ethics is not a set of conclusions that experts pass on to non-experts; rather, it is a set of decisions on making tools that non-experts as well as experts must use if they are to reach their own conclusions about what is morally permitted, required, or forbidden to them. We cannot blindly follow others' truths and hope to gain knowledge to guide our lives and choices. Morality is a personal quest. (p. 426)

In summary, the quest is to each of us, in unique articulations of personal and professional identity in our singular and shared lives. The views of virtues and moral virtues, articulated in varying ways and dimensions, in alternative theories of value and ideas of realism, call for clarifications and detail beyond the scope of this thesis. As stated, the perspectives and aspects presented are intended to indicate components of a framework for the kind of discussions and interactions which are part of the naturalism, relativism, and pluralism in practice arenas. The individual and group work toward the development of the framework and its content will develop moral vision or visions (McNaughton, 1991) to be articulated as the basis for the actuation of agency in practice. Since this vision is attained as a vision of shared values and shared life, an improved method for values discernment is indicated.

Values Discernment for Individual and Corporate Agency

Because values are a source of information that connect the human being's inner life to his or her external reality and call for actions, they will continue to be an important focus of concern and study in the nursing profession. The challenge to nursing is to move beyond the existential "now" focus of values clarification and incorporate a developmental approach to the progressive enhancement of committive agency. Values reflect the world view and maturity of the person, giving significant information about human and spiritual growth, and indicating factors

such as management and leadership styles. Nurse educators who are advocates of a curriculum for professional development, whether in initial nursing or staff/professional development programs, will make the link of values and virtues to actuation in practice an integral part of progressive education for leadership.

Literature sources on the changing understandings of value and approaches to the study of values can benefit our efforts to respond to this challenge. Methods other than values clarification are still largely unidentified in the nursing literature. An example of an improved strategy is Hall's (1976) confluent theory of values which was developed from long term and interdisciplinary studies. The research revealed a pattern and schema of specifically identified values which are related to consciousness, stages of maturity, and faith development in the person. Specific values were found to be related to stages of leadership development in executives and were reflected in the management design of different administrative frameworks (Hall, 1979; 1980).

Hall (1986) recognises the connectedness of the inner reality, a creative energy, which continually tries to express itself through our behaviour and action in the world. Hall termed the creative consequences of this action the "Genesis Effect". He states: "The Genesis Effect is the way the human being recreates the world he or she lives in from his or her internal images" (Hall, 1986, p.10). The process enables human, spiritual and organisational transformation.

The Hall-Tonna Inventory of Values (1986) is a documentation system for an individual's responses to, and prioritizing of, values questions, to which the respondent,

in a process of discernment, gives the final meaning of the answers recorded. Only subsequent to the individual's meaning assessment is there a placement of the respondent in the cycle of maturity and assessment of what a particular value pattern indicates, based on accumulated information. While this is done without discussion of the complexities of underlying theory and research findings, one may argue that this still brings the individual to the point of possible pressure of a change to a consensus position. It is, however, clearly an individual's discernment process of his or her own consciousness and this awareness is open to further definition and personal choice. To study values in interrelation and stages of organisational development, a composite profile of several individual profiles from a group of persons yields further information to which participants give common meaning and discern insights for transforming practice.

Data from individual value analyses of over a thousand responses to the computerized Hall-Tonna Inventory led to the development of a model which interrelates Four Phases of Value Development, each in two Stages, Three Elements in Consciousness, and Two Types of Values.

The three Elements of Consciousness are the person's world view, the perception of self function, and human needs the person seeks to satisfy. Progressively across the four stages of value, the perceived world is viewed as: a mystery over which I have no control, a problem with which I must cope, a project in which I must participate, and a mystery for which I/we must care. The values in each of the two stages--goals and means--progress in relation to each of the phases. (See Appendix II).

Particularly noteworthy for the focus of this thesis on the enhancement and enactment of agency is the identification of Means Values for each of the Primary Goal Values in each of the stages of value development. Likewise, a second element of consciousness in Phase I is the perception of self as existing in a hostile world, as one who struggles to survive in an alien, oppressive, capricious environment. As in the Doi (1977) analysis, this is a threat to the security goal and while unnamed in the model, the Means Values of trust and hope and their effect on agency can be inferred from the analysis of hope discussed below in Chapter Five. Anxiety and hope are explicitly modelled as factors influencing choice and action. Finally, the dialectic between the awareness and expression of personal values and expanded skills in system awareness is a process for education and growth in both personal and organisational development. In addition to the recognition of the developmental stage values and the goals and means phases of value development in interrelation to elements in consciousness, a key strength of the Hall Model is that each experience involves skills, choice and formation, which links action and vision in an expanding, wider field of possibility. Thus, the use of this dialectic, confluent approach to values in nursing education would: deal with values related to goals and means, affirm the essential place of possibility in sound hope and actuation of agency as will be discussed below in the analyses of Godfrey (1987) and Lynch (1965). This would give a wide range of research-based value relations across stages of personal, professional and organisational development and transformation. The dynamics of moral agency and moral creativity are presented in the following chapter as essential to the accomplishment of this transformation.

CHAPTER FIVE

MORAL AGENCY AND MORAL CREATIVITY

Having discussed components of development of moral agency, primarily through self-identity of the responsible, virtuous person, in the following section our concern is directed to the exercise of moral agency and the problem of moral creativity or 'pioneering' in the actuation of moral agency. Cua (1978) reasons that there is an interplay of two aspects of the situation in which moral problems arise; and discusses as well the conditions that support moral agency and those that require moral creativity.

The situation in which the need for moral agency and moral creativity arises may be regarded as a personal predicament that calls for a decision with respect to a problem. In the instance of moral agency, the situation may be one in which a responsible agent uses principles or rules in support of the decision. The presumptive warrant for non-arbitrary decisions and actions is the reason for a moral practice as an interpersonal setting of rules and principles in a given tradition. The other situation may be one in which the rules and principles do not seem consistent with the situation or the desired outcome, or do not address new or emerging aspects of the practice. This raises the question of decisions based on articulated principles as a possible way of setting precedents in resolution of practical moral problems.

Creative agency in the moral rules and principles model is manifest solely in terms of how the moral agent

qualifies moral principles in coping with situations. Our concern is to know the nature of creative moral agency and the range of personal valuative acts of the reflective moral agent. Moral ideals, images of the human being, views of the person, and the inner life of the moral agent are means to complement the legitimate place given to analysis of decision principles and principled moral judgements understood in the conventional sense.

In order to properly appreciate moral creativity, Cua proposes the model of the artist or painter. Three dimensions of moral creativity, seen primarily as a problem of the dynamics of reflective agents, are explored using three conceptual tools which Cua calls focal notions: **a form or forms of life, ways of life, and styles of life.**

A **form of life** is the framework of the givens, shared attitudes, feelings, and judgements as consensual aspects of moral practice. The agent's or a group of agents' system of moral beliefs and performances as they behave in some convergent fashion and explain their judgements and behaviours as compliant to a set of rules, describes the notion of a **way or life** or a moral practice. Here, moral creativity may be understood, in part, in terms of the individual ways of life with a tie to a moral practice. **Style of life** is meant to suggest a distinction between individual modes of existence, which are related to descriptive differences in content and quality. The aesthetic analogy of the artist or painter is introduced to convey the aspects of this distinctiveness in the agent's life and performance as an expression of an excellent qualitative gestalt. An analogy to exemplify style of life is reflected in

McCabe's (1969) ideas of ethics as law, as love and as language. The lover does not adopt a 'law' form of life, that is, a set of attitudes, or rules to express her or his marital practice. Rather, the style of this life practice would be seeking new, creative ways to express "I am the one who loves you" in addition to the rules of respect and shared duties of the form and way of marital life.

To apply these concepts to nursing practice, one observes the direct relation of the educational preparation of the student and the ongoing development of staff nurses, educators and administrators in both the **form of life** and the **way of life**. Individuals, groups or the nursing community evidence these applications of moral practice. The education and socialization of the learner to the **form of life** in nursing practice are designed to communicate and elicit a valuation response to the shared attitudes, values, and skills for judgements of nursing practice. The means to inform and demonstrate the acquisition of the judgements and behaviours that are part of a **way of moral nursing practice life** are: comparative systems of moral decision making, and systematic and individual differences in application of rules and principles to case studies and clinical practice. More distinctiveness in the modes of existence of individual agents enters into the aspects of qualitative differences in performance of the agent's personalized care. **Style of life** expressions are manifest by individuals in nursing as artists of a moral practice that includes quality of presence and excellence in the gestalt of caring.

The notions of a way of life and style of life admit of individual and community applications. The applications

depend on moral actuation, that is, the possibility of inspiring moral reasoning with active, operative properties for effectuating a body of moral commitments within the life of the moral agent. This is the practical and committive character of moral dynamics, which is the producing of change in the present states of affairs.

Paradigmatic Individuals in Creative Moral Practice

The dimensions of moral creativity are pursued from the reflective position of a moral agent, conducting moral theory or moral discourse. This work is focused upon cognitive appreciation of moral creativity, and as a conceptual experiment in paradigmity, it excludes issues relating to moral justification and reasoning. Cua regards the concrete home of morality as the home of paradigmatic individuals--the exemplary moral agents who may be said to have successfully conducted the experiment in paradigmity. The theme of paradigmatic individuals as creative moral agents is developed as having a significant import to the moral practice of ordinary agents. These agents become committed to the actuating force of the paradigms and the implementation of the exemplars' articulations of the advanced, higher level of ethical practice.

Examples of situations that challenged nurses to higher levels of ethical practice include the paradigms of Florence Nightingale in the Crimean war, Dorothy Dix confronting the plight of the mentally ill, Cicely Saunders responding to the needs of the incurable and terminally ill, and others of noted heroism (Lanara, 1981). Each were distinctively setting the ethical aim, practising the practical wisdom of conviction, giving

utterance to the expression of self identity of the "I myself am the one who takes responsibility" (Taylor, 1976; Weiss, 1983; Ricoeur, 1990, 1992). These individuals cannot be referred to accurately as role models because their actions were not part of the already existing excellent practice of a given role. Rather, confronted with no prior role model, they responded to extreme conditions or challenging situations in ways that were and are paradigmatic of ethical practice in the given situations and conditions.

Based upon a detailed analysis of exemplars, Cua (1978) concludes the following points regarding the role of paradigmatic individuals (PI) in moral practices

1. The PIs give an actuating significance to a moral practice or cultural way of life. They furnish us exemplars of intrinsic actuation of moral rules and ideals implicit in their moral practices.
2. By their insight into the human condition, they infuse vitality to moral rules and ideals by embodying them in their lives and conduct.
3. By their styles of orientation to their own moral traditions, they may become themselves points of moral orientation or beacons of light, thus functioning as standards of inspiration for committive moral agents (p.49).

A moral practice is defined as "a cultural way of life that may be characterised as a system of rules recognised as binding upon the conduct of a community of persons" (Cua, 1978, p.79). From an internal point of view, a moral practice would include both these rules and certain sanctions for deviant behaviours. Concerning the nature of creativity within a moral practice, Cua maintains that the question of moral creativity deals essentially with the material aspects, that is, the substance and content of moral practice rather than with the formal aspects, such as universalizability of moral judgements. Universalizability is one of the principles taught to

nurses as a criterion for moral decisions, but regarded as difficult to apply to care for a particular patient.

If we are willing to allow the view that moral principles, in addition to being used for justification of rules "are essentially open textured in the sense that their application depends on the interpretations of the agents within a given moral practice" (Cua, 1978, p. 83), then one sees the paradox that results in the restrictive, institutionally dominated thought and practice that Douglas (1986) delineates and critiques. The types of consequences of institutionally dominated thought work against well-being in its broader dimensions of socio-economic and environmental well-being as addressed by Griffin (1988), and against the moral dynamics to support the emergence and actuation of paradigmatic agents in nursing practice.

Cua's response to this type of situation is the distinction between minimum and maximum content of moral principles or rules, which may help nursing educators and practitioners to be more responsive to conditions that challenge moral creativity. **Minimum content** is that provided by the background of moral teaching. It presupposes a common understanding of how and to what these principles are meant to apply in practice, and the use of examples that constitute the guiding interpretations of moral principles. **Maximum content** is described in terms of the individual's rulings which are reconstitutive of the content of one's moral practice, and provide changing, diverse interpretations.

This emphasises the importance of case and practice reports, especially by advanced and paradigmatic nurse practitioners. These reports would comprise a portfolio

of the issues and dynamics of the practitioner's experiences related to moral ethical agency. Specific examples might include case reports of "insistence of being" (Weiss, 1983), articulations of principles, and strong evaluations (Taylor, 1979),

The relation between the moral agent and his or her moral practice and moral creativity is further elucidated in terms of the notion of ruling by three corresponding attitudes and activities: **moral acceptance**, **assurance**, and **construction**. The attitude of **moral acceptance** refers to the degree of strength of assent to moral rules. **Moral assurance** is the attitude of confirmation of a moral practice. The **constructive** character of **moral agency** is evoked in situations not clearly covered by moral rules and thus calling for individual decisions.

In summary, the creative aspect of moral agency is a constructive activity of the agent, modifying and qualifying rules in terms of exceptions, and by extension converting an indeterminate situation into a rule- or principle-determinate one. The application of these attitudes and activities in response to the challenges of moral practice raises the question of the qualities of character and virtues needed for creativity. Having discussed the nature of virtues in relation to agency in the previous chapter, the following discussion addresses the issue of agency as influenced by barrier characteristics using the examples of shame and guilt and facilitator characteristics illustrated in hope and joy.

Analysis of Concepts Related to Actuation of the Commitive Moral Agent: Barriers and Facilitators

Both external and internal elements can contribute to the

ability of the prepared and committed moral agent to move from potentiality to actualisation. The focus here is on the internal aspects of the person, self and I, who must confront the external condition. If the nursing profession is to direct attention to preparation for practice in naturalistic and pluralistic settings, as well as confront the issue of the multiple commitments of fellow practitioners, we need new levels of understanding of the dynamics and interplay of the conditions that are barriers to creative agency and those that facilitate or maximise effective actuation.

The Relation of the Concepts of Shame to Actuation of the Committive Moral Agent

It seems a common sense understanding that shame and guilt would militate against strong agency. Some important distinctions can identify their differences in source and outcomes, as well as suggest areas that can be recognised and hopefully remedied.

Aristotle (Ostwald, Trans. 1962.) in Book Four of the Nicomachean Ethics cites as examples of the relation between the mean and its extremes a number of particular virtues. In his discussion of shame he acknowledges that it is incorrect to speak of a sense of shame as being a virtue or excellence. He describes the effects of shame as resembling and being more typical of emotion than of a characteristic. However, Aristotle goes on to relate his notion of shame as a phenomenon felt for voluntary actions, and since no decent man will ever voluntarily do what is base, he acknowledges that shame appears to be conditionally good. This is a further evidence for his ascribing non-virtue status to shame since "there is nothing conditional about the virtues" (pp. 109-110).

And, although the sense of shame may reflect moral strength, that also is not virtue, but a mixed kind of characteristic. But it also seems strange to think of the sense of shame as related to conditions over which one has no voluntary control. An example is the case of a young man with a crippled foot who would always keep it covered so as not to be seen, though the deformity was not a consequence of his own actions. The idea of the spectator in relation to shame is discussed below.

Interestingly, earlier in Book Four, Aristotle describes ambition and lack of ambition as the extremes of a nameless virtue (pp. 99-100). He places this seeming virtue within the sphere of honor and relates it to the fact that we can desire honor more than we should and less than we should, and from the right source and in the right manner. As a term of praise "ambitious" means "fonder of honor than most people." As a term of blame it means "fonder of honor than one ought to be." Aristotle states: "There is no name for the mean, the extremes dispute for its possession as an unclaimed inheritance, as it were" (p. 100). He stresses that it must be possible to desire honor to the right degree but acknowledges that the characteristic which constitutes the mean in the sphere of honor is nameless. Since the man who occupies the median position does not have a name, the men at the extremes --ambitious and lacking in ambition-- are only seen in their opposition to one another. Yet, as discussed above, the idea of honorable or dishonorable is a qualitative distinction that can be applied in the effort to make strong evaluative descriptions (Taylor, 1976) to inform and form one's self identity.

In order to show the relation of the sense of shame as

characteristic or conditional good suggesting a "sort of virtue" to Aristotle's extremes of ambition as related to honour but lacking a median, the purpose of this section is to describe features of the structure and dynamics of the conceptualisation of the sense of shame. The relational aspects of ambition as a sphere of honour and a proper sense of shame as being-in-place or at-homeness-in-the-world are described through the inherent features of personal identity and autonomous action in the intrinsic actuation of the committive moral agent. In order to speak of the ethical or moral implications of shame in contrast to guilt, the conceptualisation of **ethicality** is described to provide the frame of reference for such implications.

There are multiple references which identify ethics as usually regarded as a discipline concerned with the rightness or wrongness of human deeds, institutions and practices. Hence, Bourke (1968) describes ethics as "the reflective study of what is good or bad in that part of human conduct for which man has some personal responsibility" (p. 10). The latter aspect of the description is perhaps given greater emphasis in Frankena's reference to ethics as "philosophy that is concerned with morality and its problems and judgements, or with moral problems and judgements" (Frankena, 1973, p. 5). This statement provides for the inclusion of deontic judgements (of moral obligation in Kantian imperatives) as well as aretaic judgements (of moral value). In the elaboration of this view, Frankena stresses that even though one may view the morality of principles as basic, the emphasis on doing must be balanced by placing a premium on BEING an agent with morally good traits. That is, the agent is disposed or tends to identify with **moral ideals** as ways of being

rather than of doing. The disposition to be includes second-order virtues such as **moral courage**, conscientiousness, and the like, as covering the whole of the moral life. Frankena adds to the disposition to be, **moral autonomy**, the ability to make moral decisions, to revise principles, and to realise the "inner lives" of others, to the disposition to find out and respect relevant facts, and a disposition to think clearly as second order traits. Thus, to the sense of duty or obligation there is added the sense of the nobility of great moral courage and of the higher reaches of **moral idealism**.

This is analogous to Kierkegaard's (1968) analysis of the nature of ethics in a theory of three spheres or stages which constitute a philosophy of life in the form of a philosophy of evaluation. Essential to the nature of ethical decision are alternatives and the demand that the subject become infinitely interested in living and living well or excellently. That which is significant ethically in the host of evaluative relations occurs at the stage or level of an existential dialectic in which passions, commitments and interests mutually confront one another. **Ethicality** is not so much a matter of searching for conceptual truths (as in the view of ethics as a science of correct choices between good and bad); but rather, as Kierkegaard believed it to be, a matter of seeking to become the truth, of translating the possibles of the objective intellectual dialectic into concrete reality. Ethicality transforms the subject; it is a movement within the personality toward activating one's own reality. To be a subject in the kind of synthesis that means putting a life or a reality together, is to **be** in the sense of effecting a synthesis within one's personality (Holmer, 1953).

A final view of ethics complements the above descriptions and amplifies the individual, personal expression of this transformation. McCabe (1969), in his analysis of ethics as law, as love, and as language, clearly places its greatest significance in the latter relation. Because love is "a growing word" with developmental and differing meanings, McCabe maintains that ethics is the study of human behaviour as communication. Our human acts and deeds not only get something done, i.e., have results; but also get something said and this is just as meaningfully significant to man as committive moral agent. Our acts as word or expression exist as communication which reveals ourselves to ourselves and to others and shapes our own identities. McCabe illustrates important similarities between ethics and literary criticism. First, they are similar in their purpose, which is to enable us to enjoy and respond more sensitively, by entering more deeply into the significance of human action in moral life and poetry. Secondly, they are similar in that neither comes to an end--the judgement is always a matter of probing into the depths of work or act, seeking a more profound understanding, greater seriousness, more meaningful expression. Ethics, in this view, "is the quest of less and less trivial modes of human relatedness" (p. 99). Morals in practice, that is, self-expression, is the attempt to live out our lives in terms not only of the more obvious, but also of deeper forms of communication with others.

These dimensions of ethicality and morality reaffirm the significance of the deep self views of self identity discussed above, and seem precisely what Cua propounds in his interpretations of moral ideals and the role of paradigmatic individuals in the creation and idiosyncratic achievement of styles of life. In the

following sections the concepts of shame, in contrast with guilt and the concept of hope will be distinguished as contributive to the expression of the identity and actuation of the moral agent. These concepts were chosen as examples that relate as barriers or facilitators to agency.

Conceptualisations of Shame and Guilt

The structured analysis of shame and guilt by Cua (1978) include the following areas: 1) Nature or "essence" and relations of the concepts; 2) Circumstantial aspects; 3) Direction; 4) Reflective aspects; 5) Evaluative standard; and 6) Prospective or retrospective significance. In the following discussion these aspects of structure help relate the concepts to their implications for moral agency.

Basic to the nature of shame in terms of the sense of self as agent, are the related notions of an internal monitor as well as being seen by the other as spectator. Beck (1975) makes important distinctions between the use of the term **agent** in an ontological sense meaning an 'actor', and its meaning a 'spectator' when used as a perspectival or histrionic term. He notes that there is a significant difference between what is permitted to a spectator of my actions and what I as an agent may do; and also between what an agent can say and what a spectator can say about him. For these determinations in the act of referring to the agent's beliefs, the agent must know better than the spectator, for example, that it is true or a lie; but the spectator must know more that the agent, for example, that the agent is wrong in some expressions. The relational nature of shame places the agent in the position of being seen as lacking in the

attainment of moral ideals and seeking to hide or withdraw as his sense of self-worth and desert are compromised. Williams (1993) agrees that the psychological model for shame involves a **watcher** or **witness**, but not by direct internalisation. At root, shame involves exposure in being at a disadvantage or a loss of power. The sense of shame in the consciousness of the loss in a move to self protection. This sense may be experienced in the eyes of another--the watcher, or as an embarrassment even without another present. This writer believes that the watcher in this latter condition in one's own idealised self, and the sense of shame is the loss of that watcher self. A strong sense of shame arising from this source could be much more pervasive in its effects on agency than shame experienced in the "nakedness" of observed exposure of acts or self to another. William (1993) makes an additional important point in the statement

If we are modelling the ethical operations of shame, we naturally do it through the internalisation of a figure who sees the subject's failing just in virtue of seeing it as a failing--that is to say, who shares the standards or expectations in terms of which it is a failing. (p.222)

This precisely puts the situation of the one who fails in nursing practice situations under the eye of the external watcher or witness, or of the self. The sense of shame, and, indeed the dynamics of both shame and guilt need to be part of the understanding of students, nurses, educators, and supervisors in order to appropriately deal with failures or incompetence and with the focus on preservation of agency and restoration to confidence.

The dynamic of how shame is experienced and the sense of shame acquired has the consequence of impaired agency in a number of ways, the hiding or wishing to hide, the necessity of certain ideations and behaviors that

restrict freedom and inhibit the projection of an integral self in life choices.

The sense of guilt derives from the infraction of moral rules and is similarly described as a painful experience. The writer takes this associated pain as a point of departure. Are there notions of the nature of the pain experience which may allow a distinguishing of shame and guilt rather than regarding it as an area of commonality to both?

Conceptual Analysis of Pain

Buytendijk (1973) begins his conceptual analysis of pain from the concrete phenomenon of 'a man in pain', and distinguishes two basic types. Primarily, the image of man in pain is reflexive and purposive; secondarily it is as an expressive act. Indicative of pain as an expressive act is the image of the injured, that is, the suffering man's expressions are indicative of a state. Pain attacks man in his physiopsychological unity; he no longer experiences something confronting him but in himself. Buytendijk discusses three results of this attack on man in his psychophysical unity. There is a direct effect of the pain as unavoidable and he seems irrevocably abandoned. Secondly, a disturbed physical integrity destroys structural connection of the sensory motor system. Thirdly, and most importantly for this discussion of the relation to shame and identity, the emphasis is laid on self-consciousness in the sense that experiences are experienced as one's own. The consciousness of self and the external world is increasingly clear through all forms of the 'enduring' image; and there is certainty of the reality of whatever (for example, shame) strikes or pushes me as given in

endurance, which is experienced just as directly as the fact of pain itself. This experience is one which concludes in the form of being afflicted. The state of being afflicted is suffering. As opposed to the act of being injured, in pain as an incident or passing event, suffering is a permanence of feeling comparable to displeasure or annoyance which becomes different when it lasts a long time. Further, suffering and grief isolate the afflicted one from others and from one's sense of self, as depicted in a father's experiences in the death of his child (Hauerwas, 1992). These deformations (and likewise transformations) of one's self influence agency in meaningful ways with varying degrees of intensity and duration in time.

The empathic character of **continual pain** consists in its features of: 1) being forced to endure without being able to offer resistance, and 2) the senselessness of the disturbance to the shattered vital integrity and mental life. Suffering as a more passive state is expressed in abandonment of effort, a 'being dragged away without protest'. Here the agent may be reduced to weeping which is neither an action nor an expressive movement, but a personal act--an 'act of inner surrender'. These act-state, active-passive aspects of pain and suffering are important for the questions of autonomy and expression of personal identity. Further, pain and suffering can terrorize, weakening the agency of the shamed or guilty person and can produce more kinds of torture through altering the agency of those in power, increasing their viciousness (Scarry, 1985). It is these dimensions of the effects of pain and suffering and altered agency which are heightened and practised in varying degrees of terrorism. They can be experienced also as part of perceived threats, which can reduce agency of the one who

suffers the threat without actual physical attack or injury. This confirms Ricoeur's (1966) insistence that pain is tied to an external aggression, to the intersection of the existent and the forces of nature. This is why it stimulates a reaction which avoids or repels the hostile agent, while at the same time losing energy to positive agency for moral projects.

There is, by contrast, a pain associated with lack, a painful lack which exists prior to encounter with the other. It moves toward this encounter; it is a lack which is active prior to it, and that is why it cannot in any sense be assimilated into a reflex to pain, or to a concealed aversion. The shamed, lacking a sense of self as integral, seek isolation and hiding, not wishing to be seen. This dynamic explains the shame of the youth hiding his lame foot as based in the pain of a lack of normalcy.

This characterisation is inherent in need also, but when its object is recognised there is an impetus arising from within and a call coming from the outside, from the presence of the known object. Presence becomes the light of the lack and shows the terminus of the active affect. The light in the absence of the object, prior to a new encounter and possession, is the imagined. While playing an exploratory role in the perfectly inner worldly concern of the lack, the imagination also functions as a militant power in the service of a diffuse sense of the future by which we anticipate the actual-to-be. The painful need can move toward agency.

Before relating these aspects of pain and suffering to the distinction of shame and guilt and their implication for personal identity and interactions of persons, it may

be helpful to discuss the origin of the pain and endeavours for restoration. Bonhoeffer (1955) locates the origin of the sense of shame in the most fundamental disunion. He states: "Shame is man's ineffaceable recollection of his estrangement from the origin; it is grief for this estrangement, and the powerless longing to return to unity with the origin" (p. 20). To be aware of the sense of shame or an experience of shame is the awareness that he "...has lost something which is essential to his original character, to himself as a whole..."(p. 20.) From the response of man to this disunion, Bonhoeffer notes that shame implies both a positive and a negative attitude moving between self concealment and self-revelation between solitude and fellowship. He maintains that both these elements of covering and disclosing are always present. There are many practice challenges to students and nurses, in which failure to act or taking incorrect action produces these pain and suffering effects in the centres of agency of the person--spirit, mind, will, presence and intention (Williams, 1993) and alters the articulation of one's self-identity as a responsible self. The inclusion of this type of analysis in the curriculum can serve the nurse and all their future patients by raising the agents consciousness and orienting their responses to the need rather than lack dynamic for resolution.

Of importance to our concern for actuation of the agent is the discussion of the ways in which we make external and internal painful endeavours to restore lost unity by either a conscious and resolute or else a passionate and devoted inward overcoming of shame as the sign of disunion. As an instance of the first type of endeavour, Bonhoeffer cites meeting the gaze of a stranger as required, for example, in making a declaration of

personal loyalty; and refers to this as a kind of violence. An instance of the second type is the seeking of the gaze of the other, as in love; it is a kind of yearning. The dimension of appropriate modes of restoration is not a strong part of professional practice and it is important to distinguish two concepts in relation to the inward overcoming of shame and actuation of the committive moral agent. Remorse may be mistaken for shame and confused with regret. Dictionary definitions and Opdycke (1949) treat regret as indicating slight mourning or sorrow; as containing an element of self-reproach, though without the acuteness of the feeling of hopelessness to rectify the situation. This latter idea he attributes to remorse. In remorse, the distress or gnawing, the 'biting again' of conscience for something done or left undone is experienced together with a sensing of the fact that the cause cannot be righted and all attempts at alleviation must remain futile. The more strongly negative connotations of remorse are highlighted in literature where one may find remorse referred to as the poison of life with the caution to avoid being tempted or engaged in it. Perhaps these elements led Cua among others to attribute remorse more to guilt and to associate regret with shame.

The implication of these distinctions require that these subconcepts may be explored further. McCabe makes this distinction: regret means realising that you now wish you had not behaved in a certain way; remorse is the realisation that you did not really wish to behave in that way at the time; that the behaviour was contrary to your deepest desires, your need to be truly yourself" (p. 63). This casting of remorse as closely related to personal identity, as choosing contrary to the preferred option, reveals it to be a meaningful dimension of the

sense of shame and lost honour. McCabe continues: "Remorse is much more catastrophic than regret; it is a revolutionary act in the sense that it involves a reassessment of your past, a rewriting of your autobiography" (p. 61) or self narrative.

Ricoeur (1966) describes remorse also as particularly

...based on the painful certitude that I could have done otherwise. A reproach arises from unused power which could have been devoted to a betrayed value; it besets the act which was wasted freedom and more than the act, calls the self whose spokesman in the world the act is, to expiation. (p.188)

This expiation is in terms of the transformation of the person in repudiation of shame as opposed to the reparation associated with the removal of guilt. Ricoeur claims that to describe shame as "the consciousness of being irremediably what I always was", is to view self as an object in a degraded, fixed, dependent being and seems much closer in this totalization view to a description of despair. The expression and view of self are a totalizing and absolutizing of the condition that produces hopelessness and despair (Lynch, 1965), which are powerful enemies of agency. The fixedness and dependent irremediability seem based in a confusion of the concept of shame with a mistaken notion of remorse that includes elements of the dynamic of hopelessness, as discussed below.

There is a further idea in reference to regret that is expressed with the metaphor of a wave which breaks and pounds upon the now, stricturing the present with the past and immobilizing the agent. This view aligns regret more closely to guilt. The etymological derivation of regret connects the elements of 'to greet again' and 'to weep,' a passive surrender.

That the above references to remorse do not necessarily align it with only the retrospective but with the more prospective aspect of shame may be seen also in the following quotation from Scheler (1960)

Remembering is the beginning of freedom from the covert power of the remembered thing and occurrence. It is precisely by being remembered that experiences usually make their exit from the inner temple of our life; it is the way in which they become detached from the centre of the self whose attitude to the world they formerly helped to form, and in which they lose their direct impact. (p. 41)

Remembering and confronting in ways of resolution would deal with remorse and regret as part of the painful, suffering experience of shame and guilt but with different important implications for actuation, for the prospective and retrospective focus of the self-reference of the agent, as well as for the personal identity imputed in strong evaluation (Taylor, 1976). Implicit in these relations are what Ricoeur (1966) terms the indicative of evaluation and the imperative of decision. Both are incorporated in self-reference which is a certain way of again relating oneself or of behaving with respect to oneself.

It is at this juncture that shame and honour are related. There is an implication of the self rigorously contemporaneous with the very act of decision which in some sense is an act with reference to the self. Ricoeur maintains that his implication of the self must contain the willing available to the judgement of responsibility; "It is I who..." and the judgement of identity "It is I." I affirm myself as the subject precisely in the object of my willing. In his later works, Ricoeur sees this I as the one who acts and speaks for in self narrative (Kemp & Rasmussen, 1989). Cua does not think there is an important distinction between the sense of shame and the

sense of honour, which may be an expression of social and educational preparation in an oriental culture. He ascribes the differentiation to a difference in emphasis, a viewing of the positive or negative aspect of one same phenomenon. This could be the associated internal outcome of each strong evaluation chosen aright to one's honour or amiss of one's true identity to one's shame.

In the elaboration of the range of expressions to be articulated by the strong evaluator and the personal identity, which informs the rejection of one or another among conflictual desires (Frankfurt, 1976), the metaphors of "basing oneself" and "thrust" are descriptive. I base myself in order to "thrust forward". In its initial development in the very young, the successful negotiation of the child's movement away to act on its own and return to the positive approval received in response from the parent is crucial to the formation of an independent, autonomous individual capable of projecting him or herself actively in projects (Erikson, 1959; Doi, 1974). Lacking appropriate confirmation the individual becomes reticent and passively dependent.

In using the metaphors of "being based " and "thrusting forward", Ricoeur emphasises that ... "the mental act of basing oneself establishes the bond between the foundational and the voluntary act. In this way, a possible motive becomes a genuine foundation for willing" (Ricoeur, 1966, p. 68). The word "motive" is used solely in the sense of a foundation of willing which makes a demand and, correlatively, "motivation" means the basic relation of foundation of willing which demands that a voluntary act be based upon it. This is the root of the personal identity factor in self as expressed in degrees

of achievement of moral ideals. It also represents the disunion from the personal identity factor in the self when one acts away from or against the ideal.

The term or end point of a given experience of the sense of shame is acceptance by oneself and by other. Acceptance becomes the state for "basing oneself," a foundation of willing oneself which demands a "thrust," a voluntary act based upon the foundation of willing. "Thrust or demands are for expression of personal identity in terms of ideal themes" (Cua, 1978, pp.123-125). Basing oneself is precisely the sense of self-regard and self-respect that reflects the honour appropriate in thrust. Herein the relations of shame to personal identity, to honour and ambition become more clear. The agent is like an artist moving toward, thrusting forth to clarify the ideal theme. The committive moral agent's thrust is to personal expression of self in terms of projects which are embodiments of the moral ideals and themes.

This actuation potential is not present in the term of the sense of guilt. Guilt focuses on the thing done or undone, as a separate, discrete act of transgression (Morris, 1971). The psychological model for guilt involves a **victim** or **enforcer** as the internalised figure (Williams, 1993). The attitude of the internalised figure is anger, with the subject's most primitive reaction being fear at the anger, then fear of anger, and fear of recrimination. In relation to the other who has been violated by the infraction of the rules, the term of guilt for the moral agent is in the state of being pardoned or forgiven. The emphasis is on decision making and retribution or forgiveness. Retribution may lack prospective orientation and the state of forgiveness is

such that no further or future claims may be made against the agent.

Thus, it would appear that shame in its inherent dynamic is a motivation to future actuation of the committive moral agent. The motive is precisely restoration and maintenance of personal identity in relation to the prospective ideal. This view relates to ethics as expression, communication, and is amplified in the work of Holland (1978). Holland stresses the synthesis of personal identity as the living out of ever-new transformations of a basic identity theme with choices as patterns of repetition and contrast, sameness and change, theme and variation. He concludes that the principle of identity maintenance offers the strongest and most comprehensive theory of motivation.

As a component of actuation, the importance of the pain experience should now be restated in relation to shame. Pain in relation to shame would seem to be much more an act, a relatively transient expression of the injured as seen or found out. This may be contrasted with the state of regret-upon-regret, enduring suffering of a guilt that lacks forgiveness or retribution. The experience of a painful lack and the agent's subsequent movement toward encounter with the other (and the expression of the ideal) seems most appropriately to be part of the prospective dynamic in the conceptualisation of shame. Further, it is precisely the consciousness-expressive movement feature of pain that 'places' or 'bases' the agent for thrust which is required in the exercise of ambition by the man or woman acting in the honour of his or her particular place, person, and purpose.

In conclusion, one may refer also to the enjoyment

dimension and note in it a parallel of the foundation-thrust dimension of actuation of the committive moral agent. Enjoyment, in its relation to the resolution of a need or lack, may tend to move to action also. In a presence or strong imagined presence or, by anticipation, union with an actual-to-be there is movement and rest of agency. The philosopher and literary critic, C. S. Lewis (1955) as a most astute observer of human behaviour reflected on his experiences of grief and joy. In the time of grief the response to something enjoyed was an embarrassment or sense of shame, and a deeper expression of the lack or need of what was underlying what was sensed as lost or not sufficiently remembered; like the distinction of a wave's imprint on the sand as the real rather than the wave itself. The sense of shame in this instance is that of one's being in and doing in the world but of not being at home-in-the-world, not being-in-place. Our pursuit of the highest significance and embodiment of the ideal is the on-going attempt for synthesis through actuation, and results in self-identification and union.

The Role of Hope in Relation to Agency

The nature of hope is generally thought to be a facilitator of potential for action and a quality for endurance in action. Nursing literature has focused on a view of hope in the individual form; the hope of the patient, whether such hope is justified, and to what extent the nurse in practice is to support well-founded hope for recovery or to gently redirect the patient's 'false' hope to a more reality-based acceptance of the inevitable. Discussion may include whether the nurse, with honesty and truth-telling as professional values and personal virtues, could ever countenance tacit support of

"false" hope as justifiable practice. Nurses are concerned to avoid the potentially negative effects of the false objective of the patient's hope, such as complete recovery or cure, unachievable outcomes of plastic surgery, and restoration to complete pre-trauma functioning. For example, Weiss remarked that when confronted with a less than hoped for outcome of the surgery proposed for him, that in our treatment we prefer cure to remedies, especially if the therapy is costly in pain or suffering.

There are other dimensions of hope that need to be addressed in relation to the practice of this aspect of nurse agency. A less explored aspect of hope is its social rather than individual form, in which the structure of hope is explored as a social system and as communion. How does personal and relational hope affect nurse agency? To what extent can an analysis of hope provide a basis for creative relational and institutional practice of the moral agent?

Lynch (1965) declared that hope "comes close to being the very heart and centre of a human being" (p. 23); using imagination, not fantasy, to break through the unreality of the absolutizing instinct to wish for and move toward help with a sense of the possible. In the inward aspect, the individual moves through fantasy and the unreality of absolutizing to a sense of the possible and learns the reality areas in which for man to choose is absolute, and that makes the choice right. In the outward move from alienation and the willful act, the individual accepts relation, the elements of mutuality, and the taking of help in relation to existence and facts in the present moment. When acknowledged, the fact, a truth, or a reality establishes a foundation or a kind of absolute

that can eliminate the sense of endlessness and the hopeless displacements that work to fatigue the spirit of the person.

A regained energy is freed to serve the person as agent in active and creative composition or construction of new realities. The person as agent is most freed and efficacious in hoping and coping with the reality to be built when that reality is regarded as not conflictual. To work under the view that reality is constructed on basically conflictual lines, would be kind of reversal to absolutizing. The effect would be restrictive to agency since it would seem that if one absolutely necessary human goal were reached another would have to be relinquished. In Lynch's view, the great human contraries were meant to support each other and peacefully yield fruitful relations between dependence and independence. To be, as we realistically are, dependent, does not mean to sacrifice autonomy, nor can one be autonomous without being dependent. These latter aspects of Lynch's analysis move the work from a psychology toward a metaphysics of hope. To identify aspects of reality which are healing and freeing for existence and action in and upon that reality is an essential component of actuation of moral agency as envisioning the "hoped for" and the "hoped that" in the "hope for us", and articulating that vision. Pieper's (1986) analysis of hope identifies the person as wayfarer as does Marcel's (1962). Pieper's development of the range of hope's expressions in relation to hope's object counters two kinds of hopelessness. The "not yet" transformed to the "already" is presumption and works against agency. Hope's object can also impress as "not ever", the anticipation of nonfulfilment, which produces despair. The "not yet", but "not, not ever" affirms the

anticipation of fulfilment, as hope in the one on the way moves the agent steadily toward the object and promise.

This wayfarer orientation to hope is included in the summary analysis of Godfrey (1987). Godfrey's study of deep hope which uses analysis of Gabriel Marcel's (1951) Homo Viator, and other authors in synthesis of his own reflection. Godfrey stressed that the views of philosophers converge concerning the goal of hope as having not an individual but a social form which is explored as social system and as communion. This is a very different approach than that usually stressed in nursing education and practice, which focuses on the hope of and for the individual. The implication of the social form of hope's goal will be discussed further after the analysis of the kinds and models of hope.

Two kinds of hope are distinguished which Godfrey views as equally significant. One is hope that has an aim and is one's deepest hope, which he terms ultimate hope. The other, called fundamental hope, is hope without an aim, which is a tone or basic disposition as one faces the future. Ultimate hope is aimed at a social target, exercised in the face of obstacles and expressed in a certain kind of desiring, reckoning or believing. The discussion to follow will demonstrate the structures which relate the two kinds of hope and the two models of hope, and consider the implications of hope for the committive moral agent and as a virtue which may be identified as one of the goods internal to nursing practice.

Basic to hope and part of its strong implications is that hope will emerge as judgements of possibility--what a person who hopes, believes is possible. Godfrey states

that these beliefs obtain on three levels: 1) beliefs about how benefits come about, 2) one's ontological beliefs, that is, whether the intersubjective is confirmed in reality or whether at best only fair-minded systems of utility are believed possible; and 3) beliefs concerning the concrete availability of agencies appropriate for bringing about or contributing to the objective. A feature of the aim or target of hope is that what is hoped for is really a state of affairs or an event, not a thing or an item. Hope-that is the precise expression of the target of hoping understood not as things but as states of affairs or events; not as objects but as objectives. Added features of hope are that hope's objectives should be definite, have a future orientation, and be accurate in stating what is desired and believed possible. Different kinds of hope objectives may require different kinds of agencies. For example, where love and creation are involved, agencies may be different from those required for purely material results. This has implications for the exploration of the kinds of agencies necessary for the practice of existential advocacy (Gadow, 1980) or of "moderated love" which Campbell (1984) maintains in the nature of the relationship of health care givers and patients or clients.

Frameworks or models of hope can be based upon the primacy of the self as subject, approaching hope as an attitude; and the primacy of the interpersonal, which approaches hope as essentially a relation. The focus of Godfrey's analysis is on hope becoming "sound" and on the trust that characterises sound hope, rather than on specific concern about warranted or "justified" hopes. Hope has cognitional conditions as well as implied beliefs, a conative side with desiring of different kinds

and an affective side, the "hope-in" or trust. Sound hope refers to hope that is positively linked to human well-being and takes account of the how of hope as well as the what of hope.

The implications of hope are viewed as dependent upon two ontological models of reality, the subject-object or will-nature sort, and the intersubjective model. In the subject-object or will-nature model, the principle relationship to reality is an agent's utilisation of objects. The principal relationship to reality is an agent's utilisation of objects. The principal relationship to reality in the intersubjective model is a self's appreciative presence to a "thou".

The Will-Nature Model of Hope

Within the will-nature model, hope can be analysed in the dimensions of desiring and calculation. Value in this model is valuing, and may be an arbitrary wanting with no connection with facts. Calculation is carried out concerning events or states in nature among objects. The type of fulfilment is mastery, successful possession, consumption or utilisation. The will in this model is regarded as either arbitrary and imperial, or as in accord with and ratifying nature or another's will. The types of hope's objectives accorded place are those for either the agent's own benefit or the benefit of one other than the agent. The model takes the subject as free agent and the object as the realm in which agency is carried out. Utilisation is the principal relationship that links the agent and object. The other serves as instrument for the agent's purposes in the model's neutral determination. A negative determination is conceivable when the other is an obstacle to hope's

objective. When the other is deterministically or freely supportive, is "ally", the model's positive determination is evidenced.

The Intersubjective Model of Hope

The intersubjective model takes hope realities as related in appreciation: in appreciating and being appreciated, in accepting and being accepted. While the interrelationships in the will-nature model admit of further determination as positive, neutral, or negative, the intersubjective model has only positive interrelationship. Rather than successful utilisation, the type of fulfilment congruent with the intersubjective model is union, though this outcome may be beyond the terms laid down by the participants. The objective of hope that harmonises with this model is relational benefit or shared life; the hope expressed is "hope-in" as well as "hope-that". Knowledge is acquired through appreciative presence in human persons, through personal dialogue. There is no strict dichotomy between fact and value; knowing and valuing go together essentially, with desiring or wanting being more responsive and less arbitrary. In knowing, a gap is experienced between reality and its explanations. The gap is not just a lack of details or of extent but it is its depth which is at issue. Human action is explained at a level where choosing and being chosen are not opposed, rather than the agent being as between the dilemma's horns of freedom and determinism.

Fundamental and Ultimate Hope

Fundamental hope at its core refuses to judge that "all is lost" or "I am lost" and so it cannot exist without

at least some minimal, aimed, ultimate hope. Ultimate hope has the form of realistic judgements of possibility and beliefs about desirability. Any aimed hope, and necessarily sound ultimate hope, implies that what is hoped for is believed to be both possible and desirable. In relation to cognitional beliefs, ultimate hoping is such that actual, though perhaps unacknowledged, believing is a necessary ingredient. Conatively, kinds of readiness or dispositions are implied when hope is sound; a person then prepares to act or interact in ways consistent with and required for the objective's real possibility. Especially noteworthy is that if a person is not so disposed, the hope is unsound, that is, as discussed above, the how of the hope has not been taken into account along with the what of hope, breaking the link to the human well-being condition of sound hope. Affectively, through trust, both ultimate and fundamental hope can be more than an attitude or climate of the mind. Hope's trust is an organ of apprehension for appreciative presence knowing.

Since there is an implied judgement of worth or desirability in any hoping, hope implies evaluation. In sound hope, characterised by simple absolute desiring, the objective is assessed according to its own merits. The merits may be either instrumental, that is, desired as a means to something else; or merits may be desired for the objective's own sake. While parts of a complex ultimate hope's objective may be instrumental, the whole is desired for its own sake. Evaluation of these ends can be made according to their worth or desirability in themselves and for their possibility or likelihood as social objective.

An implication of the levels and types of models is that they are largely decisive for hope's being understood in a theistic or atheistic way. This difference can be related to the underlying ontologies of person as discussed above and shown to be decisive in the same way.

Extension of the Intersubjective Model of Hope

The relational dimension of hope is developed as a theology of hope by Moltmann (1967). He maintains that the person and self identity are not a complete identity as a result of the choice to be and become what I am. Neither does the possible hold the key position in articulating a sound and healing hope as Godfrey and Lynch emphasise. In man's relation to the creator God, the questions: Who or what is man?, Who am I?, are not answered by comparison with other humans or animals. Self knowledge comes about as man is confronted by "the mission and call of God, which demand impossibilities of man" (p. 285). This includes knowledge of self, of men, and of guilt, and it is also, "knowledge of the impossibilities demanded by the divine mission" (p. 285). By discovering the discrepancy between the divine mission and his own being, man learns what he is and what he is to be, yet of himself cannot be. With his call, the prospect of a new ability to be, and a promise of God's being with him, he will learn his human nature and identity from the future to which the mission leads as he keeps hopeful trust.

Moltmann depicts man as not established, as a pilgrim or wayfarer, homo viator; his human nature first becomes really determinable in the light of the determination to which it is on the way. Man is clearly also a homo absconditus, hidden from himself. He is open to the new,

with promised possibilities of being and the possibilities of the future which are obscure. And yet when this future is opened to him as he comes on the horizon of mission, these possibilities do not reveal man to himself for what he really is. Here again, new possibilities open up to him, with the result that he can become what he is not yet and never yet was.

This involves a new kind of thinking about the world, an expectation-thinking of the future of faith; the being is on the way to true humanity appointed to all men who assume open responsibility for humanity's hope for the future of man. What man is in his relations is disclosed in its reality from the direction of the life he lives. "Creative action springing from faith is impossible without new thinking and planning that springs from hope" (p. 35). In this articulation, self identity is developed from within our presence to the interplay of covenant and mission.

In the promises, the hidden future already announces itself and exerts its influence on the present through the hope it awakens. While truth statements are found in facts that can be shown to agree with existing reality, which we can all experience, hope's statements of promise must stand in contradiction to the reality which can at present be experienced. Hope's statements do not result from experiences but are the condition for the possibility of new experiences.

In summary, this analysis of creative moral agency and factors affecting its actuation has addressed the way in which the professional nurse in practice can be regarded and developed as a committive moral agent to the point of becoming paradigmatic of moral ideals in areas which

challenge existing practice. Identifying and analysing the external and more especially the internal components of creative agency requires rethinking and deeper analyses of the nature of person.

The study of the dynamics of human characteristic and experiences are directly related to the underlying ontologies of person upon which they are based. The critique of these analyses is in essence the critique of the related view of the nature of person, the rational and objective explanation, as against the elements of the counter view, the intersubjective, relational appreciation of person.

In the analyses above, these differing models of person are reflected in varying views of common concepts, such as shame and hope, in our individual and in our shared professional life. The alternative perspectives can be developed and presented as part of the pluralistic reality of practice. The deeper analysis and new articulations of these concepts and situations will place professional nurses at a higher level of moral discourse and personal conviction-based agency. The significance is that this will result in new approaches to challenging patient care and care delivery situations, which in the moral ethical dimension are comparable to the challenges in advanced scientifically-based care. Our ethical challenges are equally urgent and require equally rigorous systematic study and rewarded support.

The dynamics of actuation of moral agency are interactive in the external and internal being and operations of the person by inwardness to a deep self and relationally in shared moral ideals and life. Each component would seem to have many aspects that are related in significant ways

to actuation of moral agency and creativity, such as the will and freedom or corporate and individual values. The study of the dynamics of values, virtues and agency in relation to practice is part of the practice of the reflective and responsible nurse.

CHAPTER SIX

ARTICULATION OF A FRAMEWORK FOR COMMITIVE AND CREATIVE MORAL AGENCY IN NURSING EDUCATION AND PRACTICE

Nursing, medicine and health care systems are confronted with complex and interrelated challenges of information, and biotechnologies, socio-economic, and moral ethical issues. The demands which these conditions and concerns place upon nurses as individuals and as an international professional community are receiving increasing attention, especially in light of the year 2000 as an incentive for goals and accomplishments. While nursing has made a clear response to changes in modalities of practice and provided for preparation in moral ethical decision making, the dimension of execution of decisions, and more importantly, actuation of moral agency in committive and creative moral practice remains a challenge to educators and practitioners.

The purpose of this thesis was to explore concepts involved in a system of meaning called moral agency in nursing practice, and to identify the meaning of and means for the committive and creative actuation of moral ethical agency. The interrelated components of the ontology of person and moral agency were envisioned as indicating aspects of a process framework that focuses on actuation of appropriately reasoned moral decisions, the nature of committive moral agency, and facilitators and constraints to creative ethical actions. Methods and techniques are part of, and may not be isolated from, the system of meaning which gives direction to their use in achieving the goods toward which they aim.

Based on insights from a process journey of experiences and the literature, such a framework was envisaged as including concepts of person and self identity, virtues and an ethics of virtue in relation to practice, the actuation of moral agency, and creative moral agency. A set of interrelated study questions were raised to guide the further journeying and the process of presentation, in order to focus on identifying a set of components and concepts that emphasised development and actualisation of moral agency. The questions were presented initially to engage the reader and to evoke the reader's own thinking about the issues and components during the ensuing presentation. Now as part of the illuminative process, a restatement of the questions enables an assessment of "to whence we have come".

Study Questions and Response

Confronted with the problems and issues that challenge the nurse as moral agent, how can educators best prepare the nurse for committive and creative moral and ethical practice?

1. In what ways does knowledge of the nature of the person facilitate the reflective nurse as moral agent to actualise that agency in practice situations?
2. What internal qualities maintain to inform and move or inhibit the moral agent in actuation of practice choices or creative responses to practice challenges?
3. What is the structure of a process-oriented framework of knowledge, concepts and skills needed for educational preparation for actuation of moral agency?

The intent of these interrelated questions as heuristic and as generating exploration continues, in the spirit of the poet Robert Frost who wrote of "the pursuit of a pursuit forever". There are, nevertheless, initial responses or first approximations to the questions, as well as invitations to further study which can be deduced from analyses in this thesis.

In the following section, a preliminary synthesis of the content is presented in response to the questions. Subsequently, the components of a framework for development of agency in education and practice are demonstrated with the incorporation of content and process methods.

How does the reflective nurse as moral agent actualise that agency in morally creative ways in response to practice situations?

The nature of the person is a rich resource for the specific and detailed analysis, and the ontologies are developed from distinctive points of departure and types of analytical approaches. As revealed in the literature and experiences used to support this study, from one perspective the reflective nurse as a moral agent actualises agency by knowing oneself as being based in the dimensions of person, self, and idios, the I. Each dimension has epitomisations or further manifestations, which insistently act against and with others to become expressed according to its inherent nature. Particularly, the I, as manifest (epitomised) in autonomy, accountability and responsibility, is significant to actuation of agency.

Examples and case scenarios can be developed readily to clarify and support the concepts and presented to assist the learner with needed application. Likewise the learner

can be asked to make application by relating the concept to his or her own experience. Weiss' distinct definitions of frequently use terms, which are sometimes used interchangeably in practice areas, enables the learner to differentiate the instances of the terms accurately as acted out or experienced in practice.

Pertinent to actuation of agency are the development of self identity by strong evaluations (Taylor, 1976 & 1979), articulating a clear moral ideal (value) and developing fact/value-based principles of practice. These are fruitful processes for self assessment and self development of the learners, revealing both personal strengths and weaknesses.

The ideas of embodying virtues in a form of life, way of life and style of life (Cua, 1978) in order to sustain and imbue practice in the tradition (MacIntyre, 1985) is an insight for the young professional to grow with. As articulated for the nurse educator in a humorous way, one such statement that was used to suggest way and form of life was, "If you are going to be a nurse educator you have to be prepared to spend time in libraries and make friends with librarians". This is not to divert from the seriousness of commitment to the topic at hand. Rather, it is to acknowledge that teaching the concept of a life way, form and style to support one's practice needs to employ enabling exercises for sets of skills, and not to be introduced merely as concepts.

Films, role playing and journaling with someone who has made a creative response, to special needs and situations (Cua, 1978) are ways for the nurse to examine the way, form and styles of life, which may also suggest the internal qualities essential for their actuation of agency.

What internal qualities maintain to inform and move the moral agent to actuation of practice choice and moral agency?

Internal qualities influencing the moral agent to empower choice and action include the clear articulation of the moral ideal that gives overall direction to the practice. Conscious discussion and adoption of shared values essential to the professional nurse (American Association of Colleges of Nursing, 1986) and to the corporate tradition (Hall, 1986) will be excellent grounding in linking behaviours to goals and ideals. The virtues as habits of being, character and self determination, as well as the virtues inherent in being wholly engaged in the practice (MacIntyre, 1985) are essential as well. Internal effect of previous events and choices as limiting agency need to be addressed in relations to ways and means for resolution of limits to agency.

The learner can portray evolving understandings and efforts to habituation of the intellectual and practical virtues in reflective journals, script writing and poetry as well as discussions with an advisor or mentor. Nurse educators will need to incorporate theory of action and praxis into the content on practice using a variety of sources, such as MacIntyre (1995) on the nature of practice, and understanding action and intentionality (Moya, 1990; Wojtyla, 1979, 1981). The relation of the notions of volition, the nature and dynamics of the will (Assagioli, 1974, O'Shaughnessy, 1980; Charlton, 1988) and the related concepts of freedom are important further the learner's understanding of agency (Macmurray, 1978; Taylor, 1985), autonomy and commitment. The development of these and other aspects of agency can be made additional useful tools of informed practice for nurses if focused efforts are made

by the profession to strengthen this aspect of professional life.

In the analysis of Stein (1989a), the animating and energizing effects of the spirit as affecting a person's activity and agency were identified. The place of the spirit and the spiritual function is the person's epitomised idios, (in Weiss' analysis of privacy, that is, the individual human being), which functions in an integrating, harmonising way to produce excellence of unitary action. Experiences of spirit, and the manner and processes of such experiencing (Shea, 1987) can be the part of the focus of self or other observational reports. The qualities of a sense of spiritual self inform and support the person's quality of presence, composure, and confidence in competent practice.

Spirituality in the nursing curriculum has focused on the sets of beliefs and practices associated with religious practices in different traditions and cultures. By extension, the effects of these beliefs on the experiences of illness, suffering, care and curative practices, and hope for recovery are given attention in nurse preparation. An approach more transformative and illuminative for nurse agency is to address the nature of the spirit in writings such as those of Stein, the functions of the spirit, and the learner's own phenomenological reflection on the difference of viewing oneself as an embodied spirit, inspirited person, or as a spirit with a soul in a body. The discussion of spiritual insights (Imperato, 1987; Lonergan, 1978) and learners' identification of such insights operating in their own or others lives can begin to re-establish the language and awareness necessary for each learner's personal development in spirit and for inclusion of spirit-conscious care of patients.

The inclusion of the functions of the spirit as a means for consciousness and discussion can be accomplished as part of a separate course on Spirituality in Nursing Care or as integrated in content throughout the curriculum. The three primary functions of the spirit as identified by Sandford (1985) include: worship, communing with others and nature, and sustaining life in the body. He expands these to nine functions which include the ability to empathise, to know that an other is grieved or joyous in spirit in silent communication as Stein (1989a) describes in the act of empathy.

Sensitivity, of which Weiss speaks as part of his metaphysical analysis of person, is through the spirit that actually guides in ways, subjects, and in interrelations to create what was not part of sensibility, that is, of the information or awareness from the senses. By these functions we nurture the spirit in others and our own spirit is nurtured. This suggests an important question to be introduced in a spirit-focused concept of person and agency: What nurture does the personal spirit require and how does it receive it? If it is from its source, the power of our life, What can keep this nurture from us? What is it to lack, to run out of spiritual capacity to function as I ought?

Corporate practice too can nurture by means of values development, especially in relation to the moral ideal; forgiveness and acceptance of forgiveness (as freeing self and other to life and agency); remembrance, unity in acknowledging expressions of corporate spirit, healing humour and laughter, music and dance (corporate and individual) can provide agency in community. Who are those who have the greatest spiritual stamina? How do we assess and intervene for the spirit that is enervated by the lack

of spiritual nourishment and further by violations of various kinds of abuse? The nurse's agency as affected at its spirit base, would permeate all efforts to moral ethical agency in practice.

Nurture through cherishing oneself invigorates our spirit and is fully appropriate for one with the insight that "I am loved by God and if God didn't love me I would cease to exist". Our silence or prohibitions of spirit and spiritual articulations work counter to full agency of the responsive and responsible moral ethical agent.

These and other ways are necessary to restore what Taylor (1989) reported as the loss of an adequate language to articulate the spiritual. This is borne out in Bradshaw's (1992) study of the extent to which nursing codes, philosophy and curricula indicate the importance of the spiritual dimension in nursing, but at the same time there is lack of adequate definition and clarity for practice. Conceptual and critical analyses of literature from multiple perspectives permitted Bradshaw to demonstrate the Judeo-Christian root of the concept and to identify its philosophical treatment. These included positivist, pragmatist and existentialist reactions, which can be reflected in the presuppositions and assumptions of nursing. Bradshaw concluded that the conceptions of the spiritual dimensions in contemporary nursing could be categorised as structural-functional, existential and pantheistic positions. This indicates the need for critical analysis of the presuppositions of nursing philosophy and curricula, clearer articulation of the nature and basis of the spiritual dimension, and provision for the implications of pluralistic emphases.

In a time when there is a threat of a liberal-based, state-

enforced "public secularism" (Carter, 1993), nurse educators are challenged to incorporate qualitative studies of spirit and religious experiencing (Shea, 1987) to care for our own need of inwardness as essential to the proper care and benefit of patients.

Attention to and care for inwardness would include content on the functions of the spirit and development of the life of the spirit (Stein, 1989a, 1989b; Sandford, 1985 and Progoff, 1965). The need of modern man is to be transformed with respect to the quality of his or her consciousness and enabled to move to a further level of development in the interior aspect of life. The very concepts used in thinking about and attempting to articulate this "subject matter" will affect its meaning and significance, either to alter to a higher, deeper level or to rigidify and render it void.

This casts nursing as both a declarative and evocative science. As declarative, it is a science which seeks to make objective statements about a specific subject, verifying these statements within a fixed frame of reference. As evocative, it is one whose very formulations stir up and change the subject being studied, which is the person as an integrated being in health or seeking restoration as an inspired body/embodyed spirit, that is a spiritual body.

An intersubjective relational ontology of **person** and basis for hope can be developed to include relevant aspects and concepts in the care of this integrally spiritual being. The concept of **person** as loving relationship with God is an insight that is sufficiently deep to be capable of unifying much of life. Thus, the patient confined by infirmity or limited in capacities who is aware of this

deep inter-relation of the one Root of his **person and identity**, can give this insight expression by the thought: "If God didn't love me, I wouldn't exist" (Imperato, 1987).

Articulations of creative agency include similar insights or expressions of a basis for self identity that is sufficiently strong to enable one to enact that conviction and a related commitment to a level of care that has been called a covenant (Ramsey, 1970) and moderated love (Campbell, 1984). When this type of insight has penetrated into the everyday life of nurse, patient or of any human being, it has tremendous power to unify life experiences. Further, there is great strength and power in the insight that all the experiences are for the up- building of one's life, of one's true person-identity in this loving relationship.

Likewise, in the pluralistic, naturalistic environment, many may articulate a different insight, an example of which Taylor (1989) draws from literature, "If God does not exist, then everything is permitted" (p. 10). What seems very clear in each of the examples is the urge and conviction to act based on such articulations.

Perhaps a distinction needs to be made and attention drawn to an important difference expressed above. Person-centred thought can be conceptualised in a short time, but to have the meaning of the person become a "therapeutic insight", that is, "one that challenges and deepens self understanding and invites unification of one's experience" (Imperato, 1987, p. 3) and permits the thrust to self projection requires a developmental preparation beyond intellectual readiness. The harmonising, integrating influence of the **idios** in Weiss' (1983) metaphysical account, which is suggestive of the Spirit of God in

Christian accounts, might be seen at work in this process. In the latter view, personhood is a relationship with God that originates in intimacy with Himself. Person-centred thought emerges from efforts and concern for God-centred living in such an account of experienced reality.

In summary, with these opportunities and challenges, a plan of action and a framework to organise the dimensions and activities can also be an aspect of practice at the personal, faculty or professional levels.

What is the structure of a process-oriented framework of knowledge, concepts and skills needed for educational preparation for actuation of moral agency?

Components of the Suggested Framework

The components of a framework of concepts and skills for preparation to enhance actuation of moral agency will require clear and careful review, selection, and definition by nurses in a professional community or area of nursing practice. This will become even more important in the pluralistic, naturalistic climate. To recognise the need and make the effort to enhance preparation in this way requires that one be a reflective actuating moral agent. The components of a framework for actuation of moral ethical agency, as generated by and derived from the analyses described in the preceding chapters include:

Delineation or discrimination of the dimensions of person and personal identity

Articulation of the moral ideal of nursing and principles of practice

Role and models of virtues acquisition and
habituation

Discernment of the individual and corporate values
in relation to goal and means

Identification and understanding of exemplars

Portfolios and case studies of exemplary practice

Because methods and techniques are part of system of meaning "moral agency in nursing practice", examples of strategies, methods and techniques are included in the synthesis of areas of content and processes with the components of the framework.

Integration of Framework Components, Content, Processes

Curriculum content and process examples for the components of the framework, as reflected in the presentation and discussion in this thesis include:

Delineation or discrimination of the dimensions of
person and personal identity

The individual human being or privacy: the Person,
Self and I

The nature and sources of self-identity

The relation of self identity to articulations of
moral ideal and reasoned principles

Process methods include: Discussions,
Perpendicular Pronoun Game,
Self Narrative

Articulation of the moral ideal of nursing and
principles of practice

Alternative statements of the moral ideal in
nursing

Assessment of presuppositions and assumptions of each articulation of the moral ideal

Relation of moral ideal to reasoned principles of practice

Virtues in support of a given moral ideal

Role and models of virtues acquisition and habituation

Differentiation of virtues as character, knowledge, self-determination

Specification and initiation of acquisition:
link to self-assessment, to motivation and goals

Link of habituation to will

Virtues inherent in practice

Process methods include: Reflective Journaling,
Moral Ideals Interviewing
Moral Ideals on Trial

Discernment of the individual and corporate values in relation to goal and means

Articulation of the held values of the nursing profession

Stages of values development

Virtues in support of values

Discernment of corporate values, development of goals and mean

Assessment of compatibility of nursing and corporate values, goals and means

Process Methods include: Values Inventory
"We hold these Values to be"
Assessment of Mission and
Philosophy Statements

Identification and understanding of exemplars

Nature and aspects of paradigmatic situations

Determination of situations calling for paradigmatic intervention

Characteristics and qualities of the paradigmatic person

Process Methods include: Analysis of Nurse Leaders
Living History Videos
Sigma Theta Tau Archives
Interview of Choice

Portfolios and case studies of exemplary practice

Self-narrative of introduction and becoming
invested in and convicted of the need

Self-narrative of considered alternatives

Self-narrative in relation to one's articulated
moral ideal, and its relation to other moral
ideals expressed for the situation

Self-narrative of availability of inner
qualities

Case report and analysis of the process of
paradigmatic practice

Case report in relation to professional and
organisational support and resources

Case report of conditions and consequences of
implementation of the practice

Self-narrative of evaluation of virtues inherent
in the practice

Process Methods include: Be Our Guest: Watson, Rodmell,
Norberg, Bradshaw
Case Analysis, Case writing

The concern in the process framework is to instill values and ideals, and to encourage the learner as developing within a tradition that has benefited by strong creative use of moral agency. The programme offers seeds and light for a confident and competent nurse to regard and care for the sources of herself as agent and as precious to the future of nursing practice. The identification and development of nurses with the character and virtues for this actualisation of the promise or promissory form of their personal identity will always be a professional concern. The use of a recent and growing base of new source material can assist our efforts to relate character, practical reasoning, strong evaluations and habituation of

virtues for the shared life (Verbeke, 1990; Carr, 1991; & Sherman, 1991). The discussion of special considerations of the components, content and processes are detailed below in the hopes of the seed for new crops.

Professional Practice Concerns

The focus of this thesis has been on the development of moral agency and actuation of agency in nursing practice. The analyses of the concepts related to agency in practice have been applied both to the student in a programme of basic preparation and the nurse in professional practice. The context of broader social and professional concerns as influencing practice in the tradition and agency in nursing practices are presented in this concluding portion of the study as challenges and questions to receive attention as the nursing articulates its professional character into the future.

Challenges to Commitive and Creative Moral Agency

Factors that militate against the development and actuation of committive and creative moral agency need to be recognised and addressed systematically at the individual, corporate, professional, and social levels. The pluralism and relativism confronting the areas of our lives and practice call for special consideration of the use of consensus as a response to these conditions and as a challenge to committive and creative moral ethical agency.

Nurses need to give conscious thought to identify and define the moral ideal directing professional practice. While medicine has expressed its primary moral imperative as "Do no harm", the moral ideal or imperative of nursing has been articulated variously as:

1. do what the patient would do for himself if he had the necessary strength, will and knowledge (Henderson, 1964);

2. assist the patient to exercise the right of self determination and assist the patient to unify, incorporate, and transcend lived and object body experiences; that is, to do existential advocacy, to be existential advocate (Gadow, 1980);

3. enhance the patient's self care (Orem, 1971).

4. foster the physical and psychological well-being of patients, a moral imperative which is shared with other human practices (Bishop & Scudder, 1990).

As noted above, the moral ethical ideal functions to guide the practice, planning and policies of the nurse in actuation of moral agency, and the practice, planning and policies of the profession. Nurses may have difficulty articulating the moral ideal which is foundational to and guides their practice. Based upon an historico-critical study, Fowler (1987) reported that over the past century the central moral motif of nursing was the "ideal of service". There are strong indications that this ideal of service is being re-articulated as the ideal of caring. The term 're-articulated' is used rather than 'replaced' because there is no indication that caring was not always a correlative to service. Equally clear in the discussion above, is that the moral ideal functions as a standard for evaluation as well as a guide to practice. The discussion of moral ideals and the evaluation of evidence of their application in practice should be part of nurses' preparation and of ongoing clarification by practitioners.

Nurses will need to respond to pluralism and the increased

emphasis on consensus as proposed for the determination of virtue (Hope, 1989) and as it presents in types of practice of some ethics committees (Jennings, 1991 & Tong, 1991). Issues related to the dynamics, epistemology and ethics of consensus, and alternative forms of ethics committee functions, should be part of nurses' preparation and continuing education.

The questions of this study were directed to what is necessary to implement the articulated values and how the virtues relate to moral agency, personal self identity and specific contexts of nursing practice. Values and virtues such as honesty, truthfulness, loyalty, reliability, dependability, trustworthiness, caring, and compassion have been identified in the nursing practice codes of various countries. These values and related behaviours can be regarded as part of our shared life. Identifying the ways in which nurses manifest outstanding practice of the values and virtues supportive of the moral ideal should become a conscious effort, and appropriate acknowledgement should be given in the reward system, which is designed to recognise and reinforce valued behaviours.

There are distinct challenges and risks to committive, engaged practice of articulated principles (Hutchinson, 1990; Munhall, 1990; Barnett, 1993; and Snowdon & Rajacich, 1993). These risks are much more apparent than the risks to the uncommitted self and to the one who lacks the moral strength to act according to the conviction of articulated principles. Being uncommitted to the practice results in the loss of the internal goods and the virtues inherent in practice, even though one receives the external good of payment for work. In the second instance, to fail to act according to the conviction of what is the good and right thing to do inflicts a wound to one's self identity, and

the possibility of barriers to future moral ethical action, because of the effects of shame, guilt, remorse, and the weakened capacity for agency. Therefore, part of the framework for actuation of agency should include the need for self assessment. Under what institutional and practice challenges do my usually effective habits of being and doing become unequal to commitment and answerability as the one who acts in a moral ethically responsible way? Does this sense of being unable to answer, that is, to articulate an explicit strong evaluative position, occur even apart from situations of values conflict?

Moral Ideal and Moral Vision as Facilitators to Agency

How shall the articulation of nurses' moral vision of the preferred future of nursing practice and care delivery be advanced as a moral enterprise on the part of nursing's commitment to health care and well being?

In the climate of pluralism and the multiple moral ideals that guide nursing education and practice, the moral visions of a preferred future for nursing practice and care delivery will also be multiple. This situation can be turned to a positive outcome if the process of articulating the moral ideal guiding any given educational program and practice group is carried forward to delineate also its related vision of nursing's preferred future. Examples of such interrelated moral ideal to vision statements include: The moral ideal of nursing as an interpersonal process is to "assist an individual, family, or community to prevent or cope with the experiences of illness and suffering and ... to find meaning in these experiences" (Travelbee, 1971, p.7). A related preferred future or moral vision statement might be: "The professional nurse is positioned as a health care practitioner who moves freely between

agencies to provide the continuity of developmental care necessary for examining the meaning of the experiences in care and prevention of illness and suffering". Without articulation of the vision related to our stated moral ideal, energies are diverted in responding to ad hoc issues and events that lack the focused development of agency in practice.

The formal idea of a practice in nursing as presented here cannot be relegated either to lofty philosophical truths or to a practical wisdom regarding the how to's of a skills approach to care. What is needed is discriminating wisdom as reflected in the Greek word **sunesis**. **Sunesis** is the ability to make critical distinctions, to evaluate, to perceive the consequences of one's actions, to choose rightly when the choices are not especially clear. To apply **sunesis** is to apply critical faculties, to sift and weigh, to affirm the familiar truth of statements as well as the neglected truth--the "but", the "and also" to be articulated for clearer understanding and action choices. In addition, it involves the idea of anticipating the implications and consequences prior to the choice and acting in a provisional way. In particular, in times of relativism and pluralistic claims, nurse scholars need to seek and plant seeds of **sunesis** to counter passionate polemics.

Challenges of Modernity and Existential Advocacy

The nurse holding the moral ideal of existential advocacy is one who shows proactive concern for care of the patient as embodied spirit and inspirited body. The existential advocate avoids and protects against others approaching the patient as a object of study or care. The internal goods of this practice include discerning and responding to very

different existential predicaments and fears of our time. Taylor (1989) uses the results of his wide ranging analysis of history and this modern time to picture the circumstances. The client may be threatened by loss of meaning, by unchallengeable expectations and frameworks, that make tyrannical demands which produce the fear of being unable to meet the expectations. The person in search of meaning may feel nothing is worth doing in a world which has lost its soul and the fear response can be a terrifying emptiness, a dislocation or fracturing of body-space relations.

Nursing education for existential advocacy as the moral ideal needs to address existential predicaments in the development and socialization of new nurses. Just as important is the development of practicing nurses, who, having gained the virtues inherent in the specific practice, can now exercise creative agency in new epitomisations, state new articulations of practice, and develop new frameworks on the nature of their moral vision quest-- fears diffusing and hopes re-established. Nurses who recognise the extent and implication of the naturalist temper reflected in patient situations can use improved qualitative methods for study of spiritual, existential predicaments and fears, and the nature of appropriate therapeutic insights.

There are also reasons in our time, and deep in a certain moral outlook, frameworks which will lead some nurses to wish not to be involved in ontological claims but to think and act more in keeping with the objective or scientific outlook. This choice should have the intersubjective appreciation and continuing dialogue of peers and the profession.

Nurse educators and practitioners are versed in the use of frameworks and models for teaching, learning and practice. In this thesis, areas have been suggested for elaborating frameworks to include wider dimensions of influences on committive and creative nurse agency. These include a broader range of factors affecting well-being, socio-economic, political and environmental components, operating interactively and simultaneously. The concept of well-being would include focusing especially on the relational approach to person and its basis for the inclusion of study and care of the spiritual nature of the person.

The reflexive turn has begun in nursing education under the name of "the curriculum revolution"(National League for Nursing, 1989) and has grown in identification and use of qualitative, phenomenological methods in nursing research. To appropriately identify and apply both approaches and strategies in practice, education and research has been the nursing profession's unarticulated state for some time. This has been identifiable in the domains of behavioural objectives, in which the chief area of underdevelopment is in the experiential and narrative learning modes, especially in relation to spiritual being and becoming.

Bradshaw (1992) makes an effective argument for the lack of adequate definition of the spiritual dimension, which in Taylor's (1989) terms would be called the 'inarticulacy' of the dimensions of a framework that even allows us to speak the words and to give them the full development necessary for a balanced approach to the patient and ourselves as persons.

Paradigmatic Nursing Practice

In search of exemplary, new epitomisations of nurse agency

in specific areas of practice, the methods of case study could be used to analyse new challenges and the ways individual nurses would propose to respond in creative ways. The development of the nurse's "portfolio" of creative responses to challenges of care should be appreciated as well as analysed and discussed in terms of wider application. Process methods for these strategies have been indicated in the elaboration of the components of the framework in the previous section.

Nursing has a rich history of the exercise of creative agency (Lanara, 1981). Cicely Saunders, confronted with the needs of dying patients and holding an implicit moral ideal of the covenant of care, articulated an exemplary modality of caring and system of care delivery. Hospice care has developed internationally in response to the moral vision of interdisciplinary professional and voluntary care matched to the special need of the patient and family. Thirty-two years after the death of the hospice's "founding patient", Dame Cicely Saunders narrated the event as a response to a situation of the needs of many similar patients. She restated her vision

In the hospice movement we continue to be concerned both with the sophisticated science of our treatments and with the art of our caring, bringing competence alongside compassion. (Saunders, 1981, p.7)

Bradshaw (1992) has cited Pearce and McFarlane as exemplary in their concern for and promotion of the spiritual dimension in nursing education and practice. In these persons, as exemplars, their concern is manifest in their lives and writings with an integral coherence.

Contemporary projects and promises on the part of exemplary and perhaps paradigmatic practice may appear controversial and be subjected to rejection in the articulations of

professionals in other traditions, cultures, or personal-relational stances. According to Weiss (1983), it is precisely against this resistance that the insistence of the self and the I overcomes and integrates life elements. This results in the agent's new epitomisations of self and of practice, that is, a new response of a stronger committive and creative nurse agency, and a new paradigm for care.

The articulation by Watson (1990) of a nursing theory comprised of ten carative factors (factors of care), and the development of the Centre for Human Caring at the School of Nursing of the University of Colorado, attests to the growing identification with the moral ideal, practice and research in care and caring. "Instillation of faith and hope" and the "formation of a humanistic-altruistic system of values" are two factors of Watson's theory that will challenge nurses to inwardness in the pursuit of caring for these dimensions of the person. To respond to those who regard care as a "soft" area of qualitative research, the link to rational thinking and decision-making (Thayer-Bacon, 1993) can be a model for future research.

Perhaps, however, the greatest challenges will come to those attempting to bring these elements into care of patients in serious need, who are living under conditions not easily controlled or corrected. The idea of call and mission enters (Moltmann, 1967) with a hope for what appears impossibilities rather than possibilities, and requiring what Marcel (1951) calls "creative fidelity".

The Experiment in Paradigmity and Heroism in Nursing: A Case Example

In search of an example of this phenomenon, the Norberg (1980, 1982) project in the care of aging dementia patients by including bottle feeding and cradling can be considered. These actions may be regarded as an expression of an ideal theme, an example of the covenant of care and cannons of loyalty principles (Ramsey, 1970) articulated in practice. The articulation of the implicit ideal and covenant are statements of being unwilling to let the patients starve to death. 'One could not be there and watch people die--to starve to death, because of the pain associated with starving. So, to seek the most humane thing to do for the condition and in the situation, we (Norberg and her associates) tried bottle feeding and by cuddling, found that the lost sucking reflexes could be stimulated.

One may turn to the literature to support this practice with the reversal of Erikson's states and Shakespeare's comments on the ages of man. This type of care may be challenged and rejected by others who may articulate different strong guiding and evaluative principles. One may legitimate the claim that, in fact, it does not accord the appropriate level of dignity to a needy and limited adult to use cuddling and bottle feeding, a way of care appropriate to the developmental stage of the newborn and infant. The caregiver with this view might argue that this behaviour diminishes and ends in the young toddler, that is, after this stage bottle feeding is no longer appropriate and does not become so again. This is a quite different level of moral ethical issue than that which questions the appropriateness of the actions in terms of use of professional time and extension of life without potential for improved or restored level of functioning;

though these and other questions indicate the complexity of each epitomisation. It would not contribute to the deeper issue to dismiss too readily the question of appropriateness, with a response that we also bathe patients who are unable to bathe themselves. Rather let us learn to ask restatements of the question and new questions. Let us also receive and appreciate differing creative agencies expressing their moral ideal and vision in articulation of the ethical good to be created.

Identification of Areas Calling For Paradigmatic Practice

Are there areas of need in nursing practice that are calling to the profession for a heroic, paradigmatic response today? Who are the persons likely to respond to these situations? What moral ideal would they articulate? How can the profession identify and prepare agents for alternative forms of paradigmatic response?

Identification of Areas for Research

How do the various models for teaching ethics (Fry, 1989) relate to the need for committive and creative agency? Is it reasonable to infer that there may be important differences among these alternative teaching approaches and the moral agency of the nurse in practice? The Clinical Practice Model may be most useful in integration of content from the other models, while providing also the format for deeper analysis of the factors related to actuation of moral agency.

The penultimate purpose of the thesis is to initiate professional dialogue which should focus on development of agency for actuation of moral decisions and ethical actions. As individuals and as a profession we should

encourage and call forth the fullest articulation and epitomisations of strong evaluations and choices in areas of yet to be defined practice. Even further, the writer's ultimate intent is to challenge the profession to address the expression of care as an experiment in paradigmity. Are there nurses who are expressing strong evaluations from within their styles of life, who are generating new expectations and criteria for evaluation of the morally good to be done? How is the principle of discrimination of the needs and goods of practice related to actuating the principle of performance in this moral agent's epitomisation?

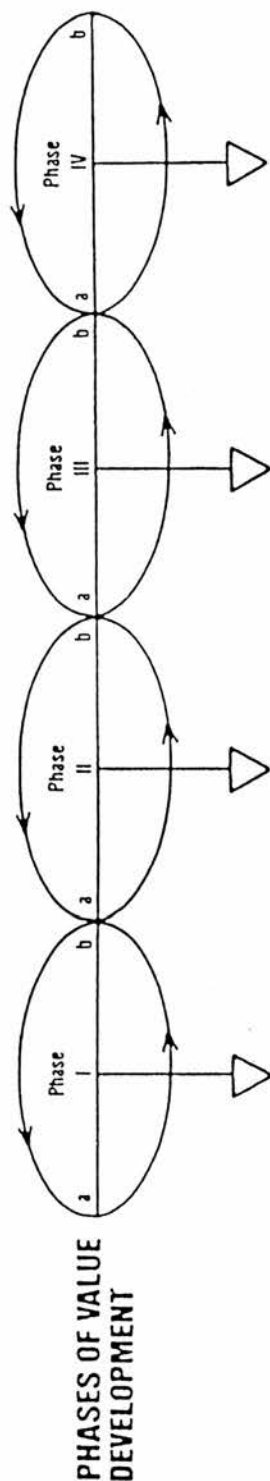
Nurses with developed powers of person and ethical agency, are in possession of vision illuminated and irradiated in deeds (actions) that shed their light in ever new epiphanies from the silent working Word from the depths of the soul as pliant instrument established in an external visible efficacy.

APPENDICES

APPENDIX I Essential Values for the Professional Nurse

ESSENTIAL VALUES*	EXAMPLES OF ATTITUDES AND PERSONAL QUALITIES	EXAMPLES OF PROFESSIONAL BEHAVIORS	5. HUMAN DIGNITY Inherent worth and uniqueness of an individual.	6. JUSTICE Upholding moral and legal principles.	7. TRUTH Faithfulness to fact or reality.
1. ALTRUISM Concern for the welfare of others.	Caring Commitment Compassion Generosity Perseverance	Gives full attention to the patient/client when giving care. Assists other personnel in providing care when they are unable to do so. Expresses concern about social trends and issues that have implications for health care. Provides nursing care based on the individual's needs irrespective of personal characteristics.	Consideration Empathy Humaneness Kindness Respectfulness Trust	Safeguards the individual's right to privacy. Addresses individuals as they prefer to be addressed. Maintains confidentiality of patients/clients and staff. Treats others with respect regardless of background. Acts as a health care advocate. Allocates resources fairly. Reports incompetent, unethical, and illegal practice objectively and factually.	Documents nursing care accurately and honestly. Obtains sufficient data to make sound judgments before reporting infractions of organizational policies. Participates in professional efforts to protect the public from misinformation about nursing.
2. EQUALITY Having the same rights, privileges, or status.	Acceptance Assertiveness Fairness Self-esteem Tolerance	Interacts with other providers in a non-discriminatory manner. Expresses ideas about the improvement of access to nursing and health care.		Courage Integrity Morality Objectivity	
3. ESTHETICS Qualities of objects, events, and persons that provide satisfaction.	Appreciation Creativity Imagination Sensitivity	Adapts the environment so it is pleasing to the patient/client. Creates a pleasant work environment for self and others. Presents self in a manner that promotes a positive image of nursing.			Accountability Authenticity Honesty Inquisitiveness Rationality Reflectiveness
4. FREEDOM Capacity to exercise choice.	Confidence Hope Independence Openness Self-direction Self-discipline	Honors individual's right to refuse treatment. Supports the rights of other providers to suggest alternatives to the plan of care. Encourages open discussion of controversial issues in the profession.			

Source: American Association of Colleges of Nursing(1986).
Essentials of College and University Education for Professional Nursing



ELEMENTS IN CONSCIOUSNESS	PHASE I		PHASE II		PHASE III		PHASE IV	
How THE WORLD is perceived by the individual.	The world is a MYSTERY over which I have NO CONTROL.		The world is a PROBLEM with which I must COPE.		The world is a PROJECT in which I must PARTICIPATE.		The world is a MYSTERY for which WE must CARE.	
How the individual perceives its SELF FUNCTION in the world.	The self EXISTS at the center of a HOSTILE WORLD. The self struggles to SURVIVE in an ALIEN OPPRESSIVE, CAPRICIOUS ENVIRONMENT.		The self DOES things to succeed and to belong in a SOCIAL WORLD. The self seeks TO BELONG in a SIGNIFICANT HUMAN ENVIRONMENT and TO BE APPROVED by other SIGNIFICANT PERSONS.		The self ACTS on the CREATED WORLD with conscience and independence. The self strives to RE-SHAPE the NATURAL, SOCIAL, CULTURAL ENVIRONMENTS with CONSCIENCE and INDEPENDENCE.		Selves GIVE LIFE to the GLOBAL WORLD. Selves ENLIVEN the GLOBAL ENVIRONMENT through the UNION of INTIMACY and SOLITUDE within and the HARMONY of SYSTEMS without.	
What HUMAN NEEDS the self seeks to satisfy	The self seeks to satisfy the PHYSICAL NEED for FOOD, PLEASURE/SEX, WARMTH and SHELTER.		The self seeks to satisfy the SOCIAL NEED for ACCEPTANCE, AFFIRMATION, APPROVAL, ACHIEVEMENT.		The self seeks to satisfy the PERSONAL NEED TO EXPRESS CREATIVE INSIGHTS, BE ONESELF, DIRECT ONE'S LIFE, and OWN ONE'S IDEAS/ENTERPRISES.		Selves seek to satisfy the COMMUNAL NEED for GLOBAL HARMONY by nurturing persons and communities from their phase of consciousness.	
TYPES OF VALUES	STAGE I A	STAGE I B	STAGE II A	STAGE II B	STAGE III A	STAGE III B	STAGE IV A	STAGE IV B
Primary GOAL Values	Self-Preservation	Security	Family/Belonging Self-Worth	Self-Competence/ Confidence	Life/Self- Actualization Service/Vocation	Being Self Human Dignity	Intimacy/Solitude	Ecorty/Beauty Transcendence
MEANS Values	Safety-Survival		Instrumentality	Education	Empathy Health Independence	Accountability/ Mutual Responsibility	Interdependence	Convivial Tools/ Intermediate Technology

Source: Hall, B.P.(1986). The Genesis Effect: Personal and Organizational Transformations

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